



# CRM Insights: Burnish Your Brand

**We asked our experts to talk about physician customer-relationship management programs:**

**What** makes a successful cross-channel program?

**Can** a CRM program do more harm than good?

**How** do you make the magic of transforming customer data into insights, and insights into actions that move market share?

**How** will social media and mobile technologies help (or hinder) effort to reach ever-harder-to-see prescribers?

*The opinions expressed by the authors in the Think Tank section are their own and do not necessarily reflect those of their affiliated companies or organizations.*



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Let's focus on mobile and digital programs. With these, we are able to track all kinds of customer responses and interactions with our promotional messages. As tactics play out in the marketplace, it becomes clear how physicians are reacting along the continuum of engagement, and it also becomes clear which initiatives and channels resonate best with the target audience.

iPads are changing the interactions between physicians and sales representatives. Over the last several years many pharma companies have deployed closed loop marketing systems on tablet PCs. This has proven to be a big success for marketing and sales because these systems ensure consistent messaging, extend interactions and provide tangible metrics. The downside has always been the tablet PCs themselves—the field force was not thrilled by the weight and bulk of them, they have battery issues, and they are expensive.

The introduction of iPads has changed all of that. They are light, turn on in an instant, and have incredible battery life. In addition, physicians see these devices as innovative—research shows that approximately 75% of physicians own an Apple product—and as such more readily relate to sales representatives who are using them.

This emotional connection with the iPad combined with the endless possibilities of creating engaging interactions and visualizing data makes the iPad the ideal device to be used in closed loop marketing and other selling systems. In addition, they enable technically savvy organizations who have engaged CRM to keep their finger on the pulse of physician interactions online, offline and now in-person.

While iPads are still relatively new, their use has already been embraced by sales and marketing, across the pharma industry. The amount of content we are deploying via iPad has grown exponentially and we see no slowdown.



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Two successful cross-channel programs: the first used an interactive presentation to attract physicians to a live event and then gathered feedback when they later returned to us; the second generated requests from doctors for pharma reps to follow up with samples after an interactive presentation. What made each of these so successful was the high activity level with the physician community, matching the activity or resource with the individual needs of the participating physicians, and the seamless connection between online and offline activities.

The efforts that do more harm than good are those that do not provide enough value to the doctor. By the same token, the formula for success is simple and consistent: give doctors what they want and need. While physicians are using our services, we consistently survey them and monitor their feedback to best understand their needs, and use that information to meet their requirements. For example, our recent study of 4,986 members found that a majority needed Spanish-language patient resources, so we began collecting and making these available to them. This model also helps deliver more effective programs with our pharmaceutical and other customers.

Medicine is changing, and new technology is a big part of that. We've tried to combine the best elements of social networking with best-in-class mobile access. Another recent study of 3,700 physician members showed that 83% of physicians have a mobile device, and 25% of physicians are "Super Mobile"—meaning they use both a tablet and a smartphone. Doctors are adopting mobile technology and exploring new social environments while, at the same time, they are becoming increasingly difficult to reach through reps. Smart brand teams are shifting budget quickly toward effective mobile and internet channels to gain access where reps cannot, and to support access by reps where they can.

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One undeniable trend in pharmaceutical marketing is a decline in the ability of field sales to reach physicians for face-to-face details. As prescribers become busier and less accessible, understanding their preferences and policies is critical to resource planning and execution. The data available from profiling of physician offices gives sales and marketing organizations deeper insight, enabling them to target more efficiently without jeopardizing important relationships.

After three years of measuring access to physicians, what has emerged is a portrait of doctors and their willingness to interact with sales reps. Nearly half of the physicians surveyed by SK&A say they require or prefer appointments to be made by reps prior to one-on-one meetings, while 23 percent of doctors refuse to see sales reps at any time at any of their locations.

According to the ongoing survey, the percentage of doctors who will not allow access unless an appointment is scheduled increases measurably when their practices are owned by hospitals or health systems. In many cases, the appointment must be made through a headquarters location rather than the practice site itself.

Other customer data insights include:

- Specialty physicians are less likely to grant sales reps access than are general practitioners.
- Offices with lower patient volume are less likely to see sales reps. Less-busy sites are often staffed by one physician, who is not able to take a break from patient workload to visit with industry reps.
- Larger practices are less likely to grant sales reps access.

Physician offices in the Western U.S. are least likely to allow sales-rep access, while offices in the South are the most hospitable.

Because managing sales-rep calls is a significant part of the physician work week, understanding their preferences, policies and time constraints will help healthcare marketers and sales teams in appointment-planning and better meeting outcomes.

We have seen physician customer-relationship management programs successfully coordinated across several marketing channels, but this is not a common occurrence. To ensure success, the commercial team must put the physician at the center of the program and abandon the language of a target list for a tactic in favor of a tactic list for a target. This is a challenging mental switch for most companies, especially the brand team.

In addition, top management must remain engaged and focus on physician behavior. For example, management can capture relevant information as they interact with doctors, share this information at the firm and use it as the basis to determine their next interaction with the doctors. While management's involvement and this decision process may seem more symbolic at the outset, it sets the right tone at the pharma about the leadership's priorities. It also helps avoid the risk that management could become too immersed in the logistical aspects of channel management and forget the final objective.

CRM initiatives can negatively impact business in two ways. First, the initiative could create a distraction. Sales reps could become overly focused on making the initiative work. As a result, they could lose productivity by not focusing on interactions with their customers. Second, this distraction could become an excuse to under-deliver.

To avoid repeating these mistakes, CRM initiatives must be extremely well-tuned and orchestrated as to become almost invisible. After all, they are solely a means to communicate with physicians and do not serve as an objective by themselves.

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Deep, personal relationships between doctor and sales rep are quickly becoming a thing of the past. To maintain physician access and influence prescribing behavior, marketers have been challenged to move beyond the sales call. A successful physician CRM strategy must take advantage of the growing use of digital technologies among health care professionals. This new frontier offers substantial possibilities in the form of delivering real value to physicians using digital technologies, and insight mining through analytics.

Mobile has become the new black bag for physicians, with 9 in 10 physicians using their smartphones at least once a day professionally. Smartphones can be pocket sales reps, offering opportunities to influence physicians at the point of care and help drive better outcomes. However, with mobile's popularity comes increased competition for valuable screen real estate. Brands need to earn a spot on the physician's home screen by providing useful tools—not sales pitches—that save time and improve clinical practice.

Analytics too will play a huge role. As sales relationships are increasingly digitized and carried out on phones, portals and tablets, the scope and breadth of available data will expand. A hypothesis-driven, scientific approach informed by high-level strategic thinking can turn this data into actionable insights, improved targeting and better monitoring of physician behavior.

Another digital frontier, social media, is an excellent tool for learning about physicians—what they're talking about, what they're sharing with one another. Mining networks and conversations, whether among key opinion leaders or practicing physicians in a target specialty, can strengthen a physician CRM strategy.

The window to reach doctors through traditional sales reps is closing, but the digital frontier offers many possibilities for maintaining close, human connections with physicians nonetheless. As physicians turn increasingly to mobile and social networking, marketers that can adapt to these changes have many exciting opportunities ahead.

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When focusing on prescribers for a marketing program, it's important to undertake a rigorous analytic exercise to target those physicians who represent the greatest incremental script opportunity and are likely to respond to multi-channel programs. The next step involves developing and executing a six- to 12-month marketing program to communicate with physicians on their terms. Financial rigor, customer focus and a practical view of what's reasonable to schedule and execute in the market are important, too. It's essential to note that the strategic use of customer relationship management (CRM) analytics can make executing a multi-channel program more profitable.

For example, a common practice in targeting “non-called-on” physicians involves sampling programs. It's important to analyze each physician's sample needs and potential incremental script behavior with the correct sample quantity; otherwise there is risk of over sampling. Additionally, it's critical that members of all teams engaged with a physician are informed about all communications. Often, a physician and sales representative are out of sync when it comes to marketing communications, and that can damage the relationship. It's important to review the nature of existing communications regularly with all teams. Making use of CRM analytics—including a real-time decision engine—can relieve the stress associated with juggling all those details.

The mobile platform provides valuable opportunities for the prescriber to gain access to brand information at a time that's convenient for them, but it doesn't replace needed face time with the physician. That's when identification and exposure opportunities like speaking events, papers, journal articles, and research announcements become valuable to your overall plan. Capturing and using new network analytics to delve into these communications between key opinion leaders and the networks of physicians they influence opens other doors to effectively reaching this elusive audience.

