

MedicinMan™

~ FIELD FORCE EXCELLENCE ~

PHARMA | MEDICAL DEVICES | DIAGNOSTICS | SURGICALS

Vol. 2 Issue 12

www.medicinman.net

December 2012

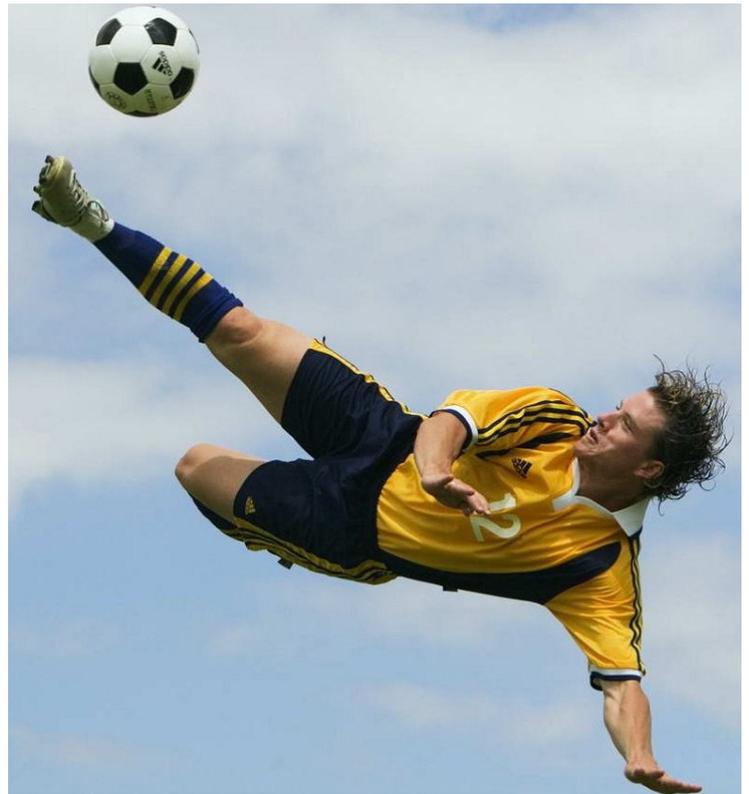
EDITORIAL

Developing an Agile Field Force in Pharma.

Even in progressive pharma companies that implement the strategy of Regional Training Managers (RTMs) to ensure continued learning on the field, the focus is on improving science and selling skills of Medical Reps (MRs) and not on the Performance Coaching Skills of Front-line Managers (FLM). The efforts of RTMs without the active participation of FLMs is bound to be minimal or at best incremental and never transformational.

Transformational change happens when FLM, who is the biggest influencer of Medical Rep behavior takes on the role of a Performance Coach under the guidance of RTM. When the FLM sees the benefits of changing his own behavior, he is more likely to support developmental activities of MRs.

Unless classroom training leads to changed behavior on the field; training and development will remain a peripheral activity and not a strategic intervention to equip field force to respond to market dynamics in real time. They wait for the next annual classroom training and so it goes on; convincing business heads that training and development is no more than a ritual of lighting lamps at festive occasions.



“Transformational change happens when FLM, who is the biggest influencer of Medical Rep behavior takes on the role of a Performance Coach under the guidance of RTM. When the FLM sees the benefits of changing his own behavior, he is more likely to support developmental activities of MRs.”

This lip-service to training is at the root of dispirited performance of MRs. Today's technologically empowered era, can make learning and development a daily ongoing activity that transforms the thinking and behavior of field force. A careful examination of an MRs routine reveals the 80:20 factor in time utilization. 80% of the time is spent waiting for calls and only 20% of time in actually interacting with doctors. Unless this 80% of time is spent productively, the 20% time with doctor is nothing more than 'marking attendance to please prescribe routine'. Technology has the capability to transform the 80% waiting time into learning time to address the specific needs of the doctor and will actually EXPAND the window of interaction. Companies that are able to do this will differentiate themselves where it matters most - inside the doctor's chamber. People Power is the key to increasing productivity in an era where all other DIFFERENTIATORS (Product, Promotion, Price) have become GENERIC.

According to Lisa Roner, (eyeforpharma.com), "More than 100 respondents from 20 pharma companies, including eight of the largest drug makers, say that in spite of being in charge of overseeing thousands of reps in the field, FLMs themselves aren't given the necessary training to improve their own skills."

Delta Point says: "A significant gap exists between the importance placed on skills that enhance customer relationships and the training structure and opportunities that pharmaceutical companies are currently providing managers."

If this is the case in developed markets, the situation in India could be much worse. It's a 'given' that Medical Reps and Front-line Managers (FLMs) form the back-bone of Pharma sales. Yet, this importance does not translate to action in terms of equipping front-line people with capabilities that will empower them to excel. When the field force is trained regularly like the NSG commandos and not like their counterparts, the police constables, they will become fighting fit instead of being low in motivation and confidence to win the marketing warfare.

The recent survey by MedicinMan with over 440 respondents clearly demonstrate that field sales people in the 18 - 30 age group (MRs and FLMs) consider Learning and Development as the most important factor after salary for job satisfaction. And it is quite clear that without adequate training, people cannot perform their tasks effectively leading to low job satisfaction and high attrition.■

- *Anup Soans*, Editor



MedicinMan Academy is conducting a 3-Day Pharma Sales Trainer Certification program to equip RTMs and managers in HR/SFE and other roles responsible for field force excellence to gain knowledge, insight and skills to develop both FLMs and MRs. This is a basic level program to be followed up by intermediate and advanced level programs to make RTMs the linchpins of field force excellence.

CLICK TO NAVIGATE.

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V. Srinivasan

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K. Hariram

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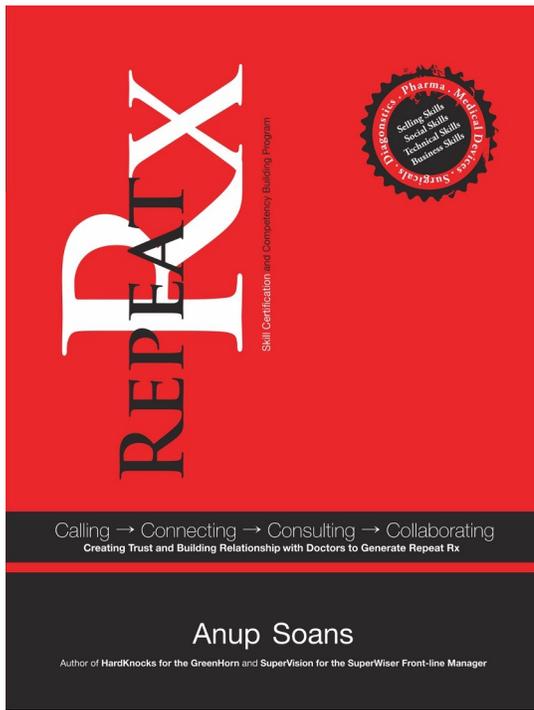
Key Account Management is a distillation of existing strategies & approaches

Ralph Boyce, Ken Boyce, Tony O’Connor

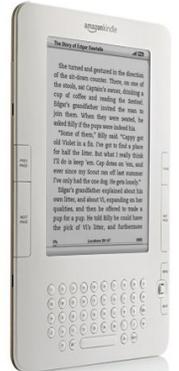
25. Book Preview: Front-line Leader to CEO

What it takes to move up the ranks written in a simple, conversationalist style.

Prof. Vivek Hattangadi



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Retail Sales Management:

A neglected skill area in pharma.

Anthony Lobo

In a simple, down-to-earth style, veteran pharma sales professional, Anthony Lobo, reveals how managerial incompetence undermines this important sales function of Medical Reps.

The Comedy and Tragedy of POB.

Personal Order Booking or POB, is a vital activity to meet demand created for a company's products. POB ensures availability, honoring of prescriptions, and is an important part of the sales process of liquidation of stocks at the distributor level. POB ensures the orderly flow of stocks from the distributor to the chemists in a territory. POB at important chemists is also a barometer of regular prescription generation.

Retail markets are not a cakewalk, yet your hard work can demolish resistance. Your predecessor's haste to rapidly climb the ladder of success may turn your territory into a minefield. Their strategy - dishing out hidden margins to bulk buyers and taking good guys for a ride by giving false assurances. End the former, repair the latter and enhance the effectiveness of POB by:

- 1) Establishing relationships with retailers.
- 2) Giving quality time, every time - it's not a toilet, don't dash in and dash out.
- 3) Avoid obstructing customer flow.
- 4) When told that orders have been placed, ask again.
- 5) Don't affix the outlet's rubber seal and fill in the blanks in your order book, and repeat this wherever possible, just to meet POB targets.
- 6) An order is booked! Is it genuine? Will primary holding reduce?



Deadwood Managers Make a Farce of POB.

Driven largely by deadwood managers, who are woefully incapable of leading from the front, innumerable Power-Point presentations are generated to impress top management. Companies insist on visiting a retailer only once a cycle to stretch coverage. Quality is sacrificed for numbers. Report maximum retail bookings, you are crowned King, applauded, maybe elevated, subject to achieving budgets. Sincere workers reporting low volumes of POB, face flak, and soon learn the art of surpassing reported toppers. Orders on paper are substantial, physical outgo is a fraction of reported bookings. This deadwood rarely mirrors the market. Few glances are crony conducted carefully guided tours. Without remedial measures, this is enormous loss of valuable work, a complete mockery of retail order booking.

- 7) Always greet a retailer on reaching the outlet!
- 8) Get names of owners and employees – use names!
- 9) Introduce yourself; mention the name of your company.
- 10) Getting there at the Right Time:
 - a. Ask if you are there at the right time. Most say it's all right. Some mention a specific time.
 - b. Schedule your visit at this specified time!
 - c. Give the visit quality time – talk about your products; your competition.

- 11) Save the Drug license No(s)., VAT or Applicable Tax Permit No(s)., all available telephone No(s). - landline and mobile.
- 12) ASK! *Could you place just one product at a vantage point: 'The eye level'?* Few will refuse. Repeat with every visit. Don't rush, the competition notices fast! Competitor's products replace yours! Gradually the visibility of your product range increases. Avoid fixing *point-of-sale* material over competitors' material – tearing away stickers and posters (by competitors) leaves ugly stains! So retailers discourage usage. Dangers get more eye-balls!
- 13) Settle claims! ASK:
 - a. Date-expired products
 - b. Returned Products
 - c. Free goods not received for specified quantities purchased for specified periods? "Bonus Offers".

The above are distributors' responsibility. Some Companies pay display Rental Claims involving payment directly to retailers – any unsettled claims here? Raise unsettled retailer's claims with your distributor. If the distributor's response is unsatisfactory, involve and follow with your superiors, even if they resent it. Some distributors instruct salesmen to book only lightweight items or items occupying little space in their delivery containers. Involve company higher-ups; demand that they act on this. Otherwise, minimal quantities of your products reach retail counters. Superiors simply feed data to higher-ups, and say that their subordinates can't manage distributors effectively. Escalate such matters; this festering sore must be cured. Distributors are appointed to boost primary sale; everybody plays blind and deaf, to protect primary sale.

If a retailer's claim is baseless, categorize this retailer as clutter. Segregate quality from clutter. Focus only on quality! Find and visit more quality outlets, reduce clutter. Intense survey of territory will lead to discovering quality retailers. Quality retailers tell you when to collect orders from them. Visit at this time – even if it means repeat visits! If they deal directly with distributors, mention names of salesmen and distributors with whom orders are to be placed.

- 14) Build relationships with distributor's salesmen. Brief salesmen about your products, share information about free goods offers. Observe them.



Segregate quality from clutter. Focus only on quality! Find and visit more quality outlets and reduce clutter. Intense survey of territory will lead to discovering quality retailers.

Build relationships with distributor's salesmen. Brief salesmen about your products, share information about free goods offers. Observe them. handle your relationships with distributor's salesmen with care!

Take interest in them, they will take interest in you, and your products.

They greet the person at the counter, wait, or speak briefly “ten units of X, five of Y, will be sent from P, delivered by 3”, and move. Being present when a salesman is taking orders, you can add to or increase items ordered. Save mobile numbers of all sales representatives of distributors of your products who cover the area you cover. Note the days and timings of their visits, and retailers they cover. You are on your way to enhancing your effectiveness in the arena of retail order booking.

- 15) When you book orders, do not enhance the quantity ordered on your own. If one of your orders is dishonored, distributor’s representatives could discard all your future orders. Unless asked to execute later, pass orders booked to the respective distributors salesmen immediately!

Retailers maintain notebooks of items out, or running out of stock. Distributor’s salesmen access this book, copy these items in their order books or laptops, ask about required quantities, and proceed to the next retail counter. In metro cities, salesmen’s entries on laptops, reach the distributors servers, and are invoiced instantly.

Do not change the retailer’s preference for a Distributor. Salesmen earn commissions on exceeding rupee, and product targets. Retailer’s relationships with salesmen being older than yours, salesmen soon find your favoring another distributor reduced their earnings; this adversely affects their support to you.

You might need to liquidate excessive inventory of certain distributors.

Get support from retailers supporting these distributors; don’t overexploit your retailer relationships.

Visit or telephone these retailers to check if your order was serviced. Often, you get fresh orders, contact the distributors’ salesman, and ensure they are invoiced. So, handle your relationships with distributor’s salesmen with care!

Take interest in them, they will take interest in you, and your products. █



Anthony Lobo started life as a Medical Representative in Warner Hindustan Limited in 1974, moved into Parke Davis India Limited in 1985 consequent to a merger of the two companies, and Pfizer in 2002 after another merger, retiring in 2011.

MedicinMan
PRESENTS

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Time: 0815 - 1000 on Friday
2nd December 2012

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Strong Teams on Solid Trust



K. Hariram

Trust is an important requirement of successful and performing teams. Trust building requires conscious efforts. Here are some suggestions:

1. Each team member comes with his own strengths and weakness. The team's power comes from the variety of its members' skills. As a FLM, you need to recognize this diversity because these differences actually benefit the team.
2. Develop the attitude of challenging the status quo. Look for ways to stretch your team members' normal habits and behaviors to avoid the rut of the routine. Challenging 'the business as usual' approach builds camaraderie.
3. Look for every opportunity to applaud your team members for their efforts, from minuscule to magnificent.
4. Allow your team members to discuss expectations of themselves, other members and the team. This will help them to start understanding the part they play in the team.

Building trust is not a one time activity but an on-going one. And trust is the foundation that builds teams.

Six simple ways to motivate your team members

Beyond money, there are a few ideas that cost practically nothing but provide the team members satisfaction and involvement. They are:

Opportunities to contribute – Allow your people to suggest thoughts, ideas and solutions. That makes them feel important coupled with a sense of accomplishment.

Positive recognition – There are lots of right things done by the team members. Be sure to let them know when that happens. Of course, they are going to do things wrong sometimes. Be specific in pinpointing without making it as the only way of communicating.

Respect at all levels – Do not allow team members to disrespect each other. Stop negative comments at the work situation or in meetings. You lead the way by making your own positive comments.

Keep them 'in the loop' - Keep the information flowing to each member of the team. They feel that they are given importance and act as valued members of the team when they are updated on what is relevant to them.

Avoid rigidity – Avoid as much as possible being too rigid unless absolutely necessary. Help foster creativity in solving day to day problems and help reduce frustration.

Communication - Speaking frequently or being in touch with your team members regularly shows them that you care about them personally and not just about their productivity. Also understand what interests each of your team members and what doesn't. This will improve their involvement. ■



K. Hariram is the former MD of Galderma India. This article is 5th in a series on 'coaching' authored by him. Email ID khariram25@yahoo.com.

New Methods to Counter New Market Trends. **Spring Sudhakar**

You cannot run tomorrow's business today, with yesterday's ideas.

Indian pharmaceutical industry has been very successful for the last 5 decades through efficient functioning of the Field Force – Medical Reps and Front-line Managers at the core of the business process. Their contribution to the growth and development of the industry is unparalleled.

Their scientific knowledge and the professional relationship with the customers helped them to get better business, year after year. Their 5-minute “Delivery” made many of them successful, not only in shaping the industry but also in shaping their careers. Many of these trendsetters are heads of companies now.

Till recently, doctors had TIME and PATIENCE to listen intently to sales presentations and responded by prescribing leading to good secondary and primary sales. But the old methods are no longer effective. Hence introspection and new methods are needed.

Changing trends

The effectiveness of trusted, time-tested methods (Detailing and Retailing) has reduced over the years. I am reminded of a wise dictum – “One cannot run tomorrow's business, today with yesterday's ideas”

In a rapidly changing society, we are witnessing many changes in the pharmaceutical business too. The competition has become intense with more and more regional/local players entering and dominating the market.

Group of doctors starting a pharmaceutical manufacturing units or operating stockistship in chartered areas has increased.

Traditional sales techniques do not yield quick results and scheme and scam is no longer a dirty word and every player wants to grab his share quickly. The new mantra is “Act fast, Earn fast”.

The other major changes:

- 1) The doctor's priority has shifted from being a prescriber, to becoming a purchaser.
- 2) The 5 minute interview has narrowed down to 2-minute sales call
- 3) The organizational “philosophy has also changed from ”Slow and Steady wins the race to “Fast and Accurate leads the race”
- 4) The role of retail chemist has changed from “catering to prescriptions” to “influencing prescriptions”
- 5) Considering these facts, can the role of Field Force be far behind?

The new role of Medical Rep:

- 1) To understand the needs of medical professionals
- 2) Facilitate the doctors' decision making process in favour of his brands
- 3) To add value in the business process through regular interaction
- 4) To generate prescription or book orders for at least 2 brands during the second visit itself.
- 5) Continuously update knowledge and skills.
- 6) The industry needs more ‘business oriented’ people. Medical Reps should be in sound health and possess good communication and negotiating skills.

The role of Front-line Manger:

- 1) To develop a healthy relationship with important doctors and professional bodies like IMA/FMRI/AIOCD
- 2) To strengthen distribution channels, ensure availability of goods and collect payments.
- 3) To bridge the gap between Planning (Management) and Execution (Medical Rep).
- 4) To maintain CRM initiatives with important customers and perform PR activities
- 5) To train and develop the Medical Rep.
- 6) Front-line Manager plays a very crucial role and hence could be made the Business Head in every district HQ.
- 7) He should have updated information on the current business practices and especially in the pharma industry.
- 8) He should have a flair for training.
- 9) He should be well versed with invoicing and taxation procedure
- 10) He should have excellent oral and written communication skills and computer-savvy.
- 11) He should be a member of organizations like ROTARY/ LIONS and not have any biased political/ linguistic/sectoral group affiliation.
- 12) These and other well thought out organization specific steps can lead to increased field force productivity even in rapidly changing market scenario.



Spring Sudhakar has worked as a Sales Professional in MNCs like Ranbaxy and AstraZeneca and as a Marketing & Training Manager in TTK in a total span of 24 years. He now works as a freelance Marketing Consultant.

KEY ACCOUNT MANAGEMENT IN PRACTICE

Ralph Boyce, Ken Boyce, Tony O'Connor



It has been well documented over the years just how different the Pharma market really was: fixed term patent protection, legal restrictions on promotion, regulation on prices, thousands of independent decision makers, customers who were not end users of the product, complex supply chains, etc. All of these features had been successfully accommodated over the last 25 years into a profitable selling environment, that is until the landscape changed a few years ago. Overt government intervention to control the spiraling costs of healthcare, with a reduced numbers of blockbusters coming to market, and the focus of new products being in niche markets or secondary care lead all lead to dramatically decreasing Pharma company profitability. In a new environment characterized by the removal of customer independence and the dramatic reduction in the numbers of purchasing customers, with the remaining customers having increased purchasing power, a new sales approach was urgently required.

Industries such as Aerospace, IT, Telecoms, and Utilities have been operating successfully under very similar circumstances for years and in response had developed a Key Account Management approach, which was appropriate for their environment and as a result they had gained considerable experience in successful implementation.

So as many in Pharma have decided now is the time to embrace KAM, what are the early experiences showing us?

To implement a KAM approach successfully in Pharma there are several key points to understand about KAM:

Key features of KAM environment:

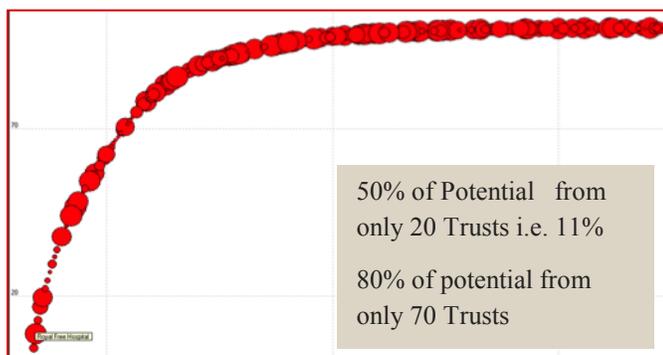
1. *Highly structured/hierarchical*
2. *Decision Making Units not Individual Customers*
3. *Accounts have multiple relationships*
4. *Key Accounts are disproportionately important (Pareto 20:80)*
5. *Relationships benefit both the Key Account and Service Provider*

- 1) process consisting of logical, co-ordinated, sequential steps
- 2) requires a management team, who understand that it is not selling
- 3) a distillation of the traditional marketing approach:
 1. Define purpose and mission: - set objectives
 2. Define, Profile and Segment accounts/customers
 3. Select Key Accounts (Pareto Law 20:80)
 4. Allocate individual Account responsibility
 5. Recruit, train and allocate suitable Key Account Managers
 6. Define and document the individual 'Key Account Plan and Process'
 7. Define the DMU (Decision making Unit) and the interaction process
 8. Support the process with an appropriate KAM tool
 9. Define the Performance Management process

How has this approach worked in practice? Evidence from 2 recent examples has shown that KAM can work very successfully and is not the major departure from our comfort zone that is being portrayed in some quarters.

Case Study 1.

A new product launch into an area of 'unmet clinical need', which was predominantly secondary care driven. Before recruiting a traditional number of geography based Hospital sales representatives, the company's the initial research/market dynamics studies had identified a small number of Treatment Centres/Accounts that were responsible for the majority of the market potential, i.e. a significant Pareto effect.



Actual Pareto Curve of Patient Potential by Trust/Account

Example Ranked List of Hospital Trusts/accounts by 'relevant patient' episodes (not real data)

On the basis of some 70 Accounts being responsible for the treatment 80% of appropriate patients and with several hundred physicians and 'administrative' personnel forming the 70 DMUs in these accounts, the company recruited significantly fewer Key Account Managers than it would have done with traditional Hospital sales reps.

Each KAM was screened for, selected, recruited and then trained on the 'softer'/people skill issues required to engage with/ develop the 'win-win' propositions for the appropriate customers at each Key Account.

Each KAM was given responsibility for a specific number of key Accounts that they could realistically interface with given the importance of the account, the number of people in the DMU and the political framework/receptivity of each account.

A Key Account plan template was drawn up, populated and signed off by the KAM and the senior management team. The specific Opportunities at each account were identified in the plan and the process by which these opportunities would be realised were documented and

loaded into the KAM specific support tool chosen by the company, in preference to making do with a traditional CRM tool.

The key criteria for determining success were identified, along with the timed milestones and also incorporated into the KAM support tool, so that regular management reporting on implementation by account was provided to the KAM and the senior management team.

Using this focused KAM approach led to a highly successful launch of the product, uptake was in line with expectations in a 'niche' area, the costs associated with recruiting fewer KAM and the targeted approach to the Key Accounts meant that the traditional profitability figures were exceeded. The relationship between the customers at the Key Accounts and the company via the KAM approach were mutually beneficial and by using an appropriate KAM support tool, senior management were not only able to be kept up to speed with implementation success but all the detailed interaction with the DMU at each Key Account was recorded and captured for future use. Success!

Case Study 2.

A company with well established product in a niche area but where there were significant difficulties in defining an account and attributing a relative value. This was due to the interface between secondary care physicians who initiated therapy and the repeat prescribing of the product in the community were 'idiosyncratic'/local policy dependent.

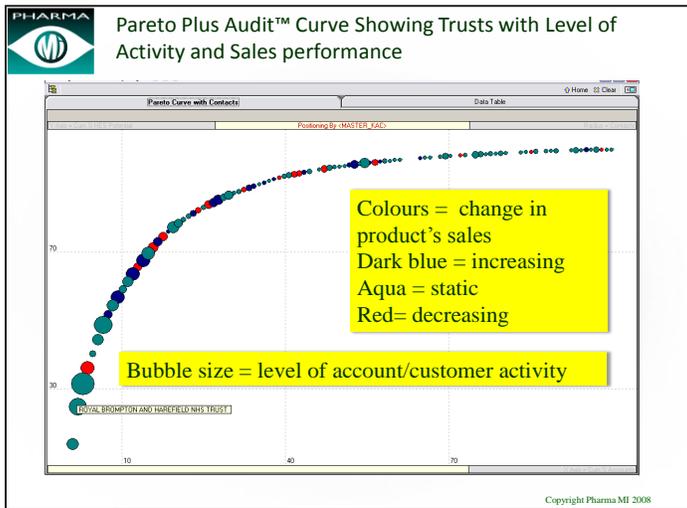
Using readily available data, the company combined the patient hospital episode data, with the company's own product's sales direct to hospital, the product's community sales at lowest geography level, the trend of the product's sales, with PCT referral data to build a picture of approx value by account. With an account being defined as the Acute Trust where treatment was provided associated with the referring PCTs.

On this basis the company was able to determine with more validity than ever before, the relative size/importance of accounts and the relative penetration in each account.

While not being 'totally accurate' this approach provided the company with a sufficiently robust management tool on which to base decisions to move the business forward.

(How many companies in similar situations decide to make no decisions until totally accurate measurements can be made available, the very opposite of 'paralysis by analysis'?)

The Pareto analysis showed a concentration of market potential in this market 80% coming from 62 Trusts/Accounts. (From an external analysis perspective it was intriguing to see that the list of important/Key Accounts were significantly different between the 2 case studies. In case study 1, the top Key Account which was responsible for 50% more potential than the second largest account for did not even feature in the Key Account list in case study 2. This is yet more evidence to contradict the often held view that: all accounts in a target list are the same and that they are always the big accounts!)



The ranked list of accounts in this case study was overlaid with the previous year's customer contact activity in a Pareto Plus Audit, to identify potential 'neglected' or 'saturated' accounts.

This different perspective and additional information challenged the conventional wisdom and it was interesting how this was received by different groups within the company, many senior staff reacted positively and began a lively debate on the merits of their historical prioritisation of accounts and corresponding focus of promotional activity. Some were less positive, in particular some members of the hospital sales team being particularly defensive and perceived the results as being critical of previous decisions.

Examples of 'neglected' accounts were rationalised by the hospital sales team as 'not considered important' as they had low sales of the company product and therefore the potential was reasonably assumed to be correspondingly low as well. No corrective action would be required in future!

Examples of 'saturated/over resourced' accounts relative to their potential were rationalised as important teaching hospitals with a network of influence extending outside the administrative and political boundaries, conveniently ignoring the fact that they were often close to where the hospital sales rep lived.

Senior managers often ask: what are the qualities required in a Key Account Manager? Not reacting negatively to proposed change is one of them!

The senior management view was that now was the time to adopt a Key Account approach and that the previous sales model was no longer appropriate. A new smaller KAM team, with a different skill set, was recruited to focus on implementing the new approach in the identified 60 Key Accounts around the UK. Account plans were drawn up as opposed to the previous approach of working to coverage and frequency targets on customers. A new performance management process was initiated. The senior management team piloted a dedicated KAM support tool having accepted that the inappropriate use of any CRM will not provide the KAM team with the tools for the job. The success/outcome is still being assessed!

In summary, KAM is the way forward in the new circumstances.

The transition to KAM is not quite as scary and difficult as some would make out. It does require a clear idea of what is required and this understanding has to be accepted across the organisation. It is not just a different way of selling; it requires a different skill set and a more organised way of working to interface effectively with the customers at the Key Accounts. It is also important to realise that the essentials elements of previous marketing approaches do not need to be thrown away; they just need to be applied appropriately in a structured and co-ordinated way. However it is evident that making the move to KAM requires the previous performance metrics and support tools to be replaced by ones more appropriate for the task in hand.

As with any new initiative there are always the 'Not Invented Here' stalwarts who, while not offering anything constructive to solve the current problems, are dismissing the approach as inappropriate and too complex for our industry and wish to stay with the tried and tested.

In the current environment the tried and tested cannot work. However it remains to be seen who is actually committed to implementing KAM and who is appearing to embrace KAM but going through the motions, just waiting for the opportunity to revert back to the old ways.

To borrow a famous and appropriate expression:

"Some people change when they see the light, others when they feel the heat".



Digital Dose For Natives and Immigrants

Making a **twitter** in the market.

Dinesh Chindarkar

What is twitter?

Twitter is one of the most popular social networking website. It is a real-time information network pool that connects you with the latest news and information on topics of your interest & much more.

It is also called as a “microblogging” site. It allows you to answer a question as simple as , "What are you doing?"

At the core of Twitter is a ‘tweet’, which is a short text message of 140 characters in length, which can be composed to be conveyed to friends, colleagues, business partners etc. All the people who connect to you (or follow you) on reading your tweet are called as ‘followers’. The simplest way to define a tweet is that it is equivalent to a sms which is publicly viewed.

But these small little tweets can be used to grab big attention and create hype e.g. broadcast company’s latest news, create awareness on particular disease or crucial conditions related to humans, interact with doctors and patients, enable easy internal collaboration and group communication. Twitter also helps you share links, videos, pictures etc. But at the heart of it Twitter is a true tool for a professional to keep himself updated!

The trick while communicating on Twitter is understanding & using the right hashtags in your tweets. When you are talking about healthcare and social media in India, using the hashtag, “#hcsmin”, will group your tweets in conversations related to healthcare and will also create visibility. Thus these hashtags group a section of people with similar thoughts or field. This function will also help track the live conversations going on in real time on twitter on the subject. So this way you could identify people from India & outside who are interested in the core subject and start connecting with them at a mere click of a button.



You can start on twitter by creating your profile and get latest information by following relevant hashtags of your interest like #diabetes OR #cardiology

Some examples of relevant # tags to use:

#pharma #healthcare #health #hcsmin #ehealth

As a pharma professional joining twitter holds a lot of benefits, it is an easy access to information about other pharma companies, connecting with worldwide pharma professionals, news providers, health groups, NGOs and a lot more. You can follow pharma companies, thought leaders in Pharma both in India and worldwide and take this ahead.

With twitter, newer platforms of interactive communication with customers, clients, consumers and competitors can be explored. We are sure that once you get the hang of it you will be no longer restricted to a follower status and will soon be a leader in twitter. You can create a twitter handle of your company that can be used to connect



Dinesh Chindarkar is Co-Founder & Vice President - Operations at MediaMedic Communications and is Country Head for Global HealthPR.

New avatars of nutraceuticals

Dr. S Srinivasan

Emerson famously said, consistency is the virtue of an ass. Bernard Shaw and even Ambedkar famously echoed it. Now we can add 'clarity' to give company to 'consistency'. We should therefore not be surprised that we humans not being asinine, thrive on lack of consistency as well as clarity. And the dictum should apply to pharma and healthcare too.

It is often said that a bureaucrat who drafts an unclear document is not a fool but a genius. The reason is simple. You can make almost everyone happy and also rich by eliminating that dangerous entity called clarity. So why should that benefit not accrue to nutraceuticals?

It may be ironic but true that nutraceuticals entered the pharma domain not necessarily by virtue of their own intrinsic merits but rather by providing a clever alternative to price controlled allopathic molecules. Helped immensely by the lack of clarity and consistency in their definition and description, Indian nutraceuticals have consistently leveraged freedom from price control and touched a market value of \$ 1.48 billion in 2011 and are poised to grow to \$2.731 billion in 2016 (Economic Times, 12 June 2012).

Grey areas galore.

According to Wikipedia, nutraceutical, a portmanteau of the words nutrition and pharmaceutical, is a food or food product that reportedly provides health and medical benefits, including the prevention and treatment of disease. Health Canada "defines" the term as "a product isolated or purified from foods that is generally sold in medicinal forms not usually associated with food. A nutraceutical is demonstrated to have a physiological benefit or provide protection against chronic disease." Such products may range from isolated nutrients, dietary supplements and specific diets to genetically engineered foods, herbal products, and processed foods such as cereals, soups, and beverages.

Now you can see what a Godsend this is for a clever marketing man to have a field day in working out countless permutations and combinations of micronutrients like vitamins and minerals, macronutrients like proteins, carbohydrates and lipids, herbal preparations that can be conveniently elevated to the pedestal of phyto-chemicals without mentioning an iota of chemistry and so on.

Dodging game.

This begins right at the time of registering the product with the state FDA which is still more pliable than the central



regulatory authorities when it comes to passing a product as a nutraceutical or nutritional supplement. Enough margin is kept for varying the number of ingredients as well as their amounts per unit dose. Vitamins and minerals are mixed freely with plant material, coolly defying laws that purportedly prohibit this, all because the product is a nutraceutical.

This label also enables a product to get away without generating direct clinical data or even pre-clinical data in laboratory animals or in vitro. Data generation is left to the convenience or even whims and fancies of the marketing department which has both eyes on the competitor scenario and the cash register rather than on the regulatory sledge hammer.

When it comes to promotional messages, there is even more dodging possible. If the doctor appears to tire of the term nutraceutical, you have a host of others to pick from the thesaurus to enrich your vocabulary, e.g. phytochemical, nutritional supplement, wellness booster, balancer, what have you.

Whither nutraceuticals?

Of course to Utopia. The future has never been rosier than now. Anybody who is somebody in the nutraceutical field is laughing all the way to the bank, notwithstanding the crowding and competition that have already set in. But never mind, you need not be afraid of the Big Brother watching over your shoulder as much as you do with allopathic molecules.

We Bharatvasis are notorious for our ingenious ways of poking holes in the tightest imaginable legal document and so to us, dealing with nutraceuticals legally is child's play. New rules anyway take an eternity to appear in black and white and another eternity to be implemented at the ground level, so why hurry or worry? Just be happy. Sell more nutraceuticals by activating your grey cells in as many imaginative ways as you can and you can even become unstoppable. Have a great life ahead with nutraceuticals. Amen.

Routes of Drug Administration

Dr. Amit Dang

The route of drug administration is determined by the physical and chemical properties of the drug (solid/liquid/gas; solubility, stability etc.); site of desired action of the drug; rate and extent of absorption from different routes of drug administration; effect of digestive juices and first pass metabolism; rapidity with which the action is required and what is the condition of the patient.

To simplify the different routes of drug administration, these have been classified under two broad headings i.e. Local and Systemic routes. The local routes can be further of two types either topical or deep. The topical routes include the application of the drug superficially e.g. use of ointment on skin; deep routes include the intra-articular injection of corticosteroids or intra-arterial administration of dye for imaging purposes.

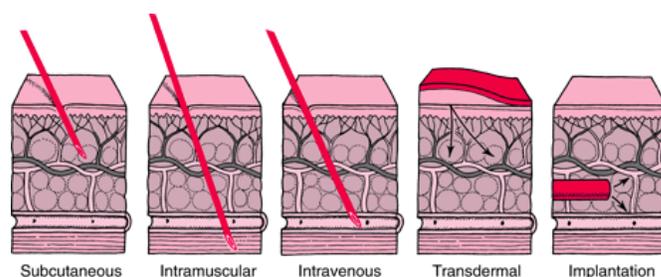
The systemic routes can be further classified into enteral (administering the drug through mouth) or parenteral (introduction of drug directly across the body's barrier into the systemic circulation). Enteral can be oral or sublingual; oral –when the drug is swallowed and allows oral delivery; and sublingual- drug is placed under the tongue thus facilitating direct absorption into the blood stream.

Enteral route is the safest, most commonly used, convenient and economical method of drug administration. There is low risk of systemic infections as compared to drugs given by parenteral route. The toxicities and overdose can be overcome with antidotes such as activated charcoal. But, this route has some disadvantages as well –more chances of drug-food interactions; high first pass metabolism and low bioavailability. The modified preparations for this route are the enteric coated tablets and the extended release preparations. An enteric coating resists the action of fluids and enzymes in the stomach and the extended release preparations have special coatings which control how fast the drug is released from the pill into the body. Via the sublingual route there is rapid absorption, low incidence of infection, and avoidance of hepatic first pass metabolism.

Parenteral administration is used for drugs that are poorly absorbed from the gastrointestinal tract (GIT); drugs that

are unstable in the GIT; for unconscious patients and under circumstances that require a rapid onset of action. This route leads to highest bioavailability. The major parenteral routes are the intravenous (IV), intramuscular (IM) and subcutaneous (SC). Through the IV route, the drug can be given as a bolus (full amount of the drug is given immediately) or as an infusion (slow administration over a long period). The drugs once given cannot be recalled as can be done for those given by oral route. Drugs available as aqueous solutions or depot preparations are given by IM route. The depot preparations allow a sustained release of the drug from the site of administration e.g. depot medroxyprogesterone produces contraceptive effect. Subcutaneous injection minimizes the risks of hemolysis or thrombosis associated with IV injection and may provide slow, sustained and constant effect. Drug implants can be put subcutaneously to have a slow sustained release of drug for long period of time e.g. programmable insulin mechanical pumps which release insulin in diabetic patients.

Other routes can be rectal, inhalational (e.g. inhalers are used by asthmatic patients) and transdermal. The right route of administration has to be chosen according to the drug and patient characteristics. █



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This article is 3rd in a series of pharmacology for the Medical Rep.

Call Quality: the missing link in call success.



Hanno Wolfram

The building blocks of success in pharmaceutical field forces only comprise two dimensions: Quantity and Quality.

Major parts of the current sales model rely on quantitative parameters. It is about the number of calls in its most various ways, relations and ratios. Three quantitative metrics stand for many others.

Calls per day.

A major metric of the past indicating the assumed effort a medical representative delivers for his or her employer per day. Historically this metric has been introduced to allow the allocation of field force cost to internal cost centers. There have been companies in the past, where product managers were fighting to get a bigger share of the field force and “invest” in it with their product budget. Every product manager tried to get a bigger share of the powerful and costly field force. Promotional budgets have been designed around the cost of a singular call, multiplied with the statistical number of calls per day, per week etc. Today calls per day probably is the most debatable parameter in the field force. Using “calls per day” as a Key Performance Indicator must be seen as misleading if not completely wrong. Remember: If you want 9 calls per day you get 9, if you want 12, you will get 12. Pitifully you will see little to no correlation of this metric with outcome or sales results.

Calls on target.

No matter if it is about the absolute number or a ratio of total calls allocated to the decided target groups: calls on targets is another quantitative metric. Proper-

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ly defined target groups leads to “fishing where the fish are”. Targeting and segmentation can be an art, depending on the expertise of those who judge and the knowledge available. Most commonly initiated and regularly recommended by consultants, the potential is used to identify targets. Do yourself a favour and ask five people in your organisation what potential is. Be prepared to get at least five different definitions. If calls on target should ever deliver additional results the number of prerequisites and necessary know-how is remarkable.

Call frequency.

The final quantitative parameter to share some thoughts about is the number of calls on a target within a period of time. It is a normal human behaviour needing more than one contact to get acquainted with an offering or product before

ever using or prescribing it. An important aspect to be considered in the old sales model is what people name over-calling. Often it is neglected that having been contacted or exposed to a new product or offering and not reacting means something. Additional contacts are a waste of time and effort.

These three quantitative metrics stand for a sales model which is widely seen as broken. Broken, because it is of the past and related to the blockbuster model, which is history as well.

Call Quality is the other of two success contributors

Imagine that First Line Managers invest around 50% of their time coaching their medical reps. The core objective of double visits is to improve call quality, isn't it? What about this huge effort in time and money, if call quality was unknown?

In a number of events we researched exactly this and the message is very clear: What is good in a call varies widely by observer.

Simple consequence: every manager has a different idea, assesses quality in a different way, judges the identical call differently and drives call quality into a different direction.

This would not really be a problem, if the variation would show between FLMs of different companies, but it is a tragic, costly and embarrassing failure that this disparity occurs within the same company.



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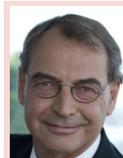
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From a company perspective coaching medical reps to improve the quality of calls is a waste of time and effort, as long as every manager has a different idea of what “good” is.

Since quantitative parameters have been fully tweaked over the past decades, call quality would be the missing link to become or stay successful. Unleashing the full power of a field force would need an aligned approach and the same idea of call quality across all involved

What is currently done will not deliver and contribute to improving results. █



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Hanno Wolfram is International Video Faculty for MedicinMan *Pharma Training Certification Program* from 17-19th December '12. (See [HERE](#) for details) He will also be conducting a Pharma KAM workshop on behalf of MedicinMan on February 8th '13 prior to the start of Brand Drift (Feb 9), '13 and FFE (Feb 10th), '13



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to be good at?

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