



NOTHING (IM)PERSONAL

With unprecedented numbers of practices locking out sales reps, pharma companies are being forced to do a better job of engaging HCPs in other ways. James Chase reports

YOU'D HAVE TO SEARCH LONG AND HARD TO FIND AN INDUSTRY with a marketing moniker as hopelessly outdated and misleading as “non-personal promotion” (NPP).

Coined during a simpler time for pharma, it's a broad umbrella for sales and marketing efforts targeting health-care professionals (HCPs) not delivered in person by a sales rep (whence the “non-personal” part). However, due to a necessary and dramatic evolution of the tactics and channels to which the term refers—emails, direct marketing, digital content, drug reference databases, web ads, journals, e-sampling and mobile apps, to name but a few—NPP these days is anything but non-personal.

Pharma is not in the business of fixing things that ain't broke. It takes a seismic shift to force the industry to rethink its historical organizational structures and to replot its tried-and-tested road maps for commercial success. And that's exactly what this represents.

HCPs are now blocking sales-rep access in swathes—some voluntarily, others under orders from above. According to ZS Associates' AccessMonitor survey, only 51% of all prescribers are now accessible to reps, down from 78% in 2009. For some specialties, such as psychiatry (41%), pediatrics (45%) and gastroenterology (47%), the numbers are even worse (Fig. 1).

An emerging key contributor to this trend is the fact that unprecedented numbers of prescribers are now employed by medical groups, many of which implement no-see policies on behalf of their employees. “It used to be that most physicians were independent businesspeople who always fought for what was best for the patient,” says Rich Daly, managing partner, RavineRock Partners, and former president, US diabetes, AstraZeneca. “But the power of the employer, the payer, the PBMs—they have changed the dynamic and others are now calling the shots.”

Whereas NPP's role was once to complement field sales efforts—and perhaps pinch-hit for reps in the twilight innings

of certain brands—it has since taken on a far greater significance as a tool kit for filling sales force gaps. But now that those gaps have become gaping holes, might we be approaching a watershed moment where an NPP strategy might actually supersede the sales force? We're already there.

Some companies are throwing away the rep-centric rulebook and are, for the first time, preparing to roll out NPP-led product launches.

"It is an entirely different situation," says Jim Woodland, chief operations officer at CMI/Compas, a company working with clients on a number of such launches. "It's very new. It's only really been in the past year. We had one launch at the end of last year and most of the year was spent talking about the extent to which NPP could be part of the launch. But now the conversation has shifted. We're working on a launch now that is going to be a huge brand in a huge market and 75% of the providers will be targeted with NPP only."

Woodland says that while access was a factor in selecting the 25% of HCPs to receive calls, they were chiefly targeted by their perceived likelihood of buying into the brand. "There are all sorts of analyses that can go into that, but we've been looking at the risk tolerance of the drug," he continues. "It's a crowded market, so in order to convert HCPs that were already prescribing products in that class, they have to buy into the fact that something new could make a difference. Risk tolerance becomes a key criteria."

Criteria like these help define who are the likeliest prescribers and, therefore, who will get the sales calls. The rest will be targeted with a mix of finely tuned NPP tactics, which may include social media and mobile pitches.

With respect to balancing the mix of calls and NPP, Daly, who has also held senior executive roles at Bristol-Myers Squibb and Takeda, believes pharma companies could be making better use of the data they collect. "We've had big data in pharmaceuticals for decades. We're drowning in it," he says. "But what about the big insights? If you have great analytics and derivative insight then you know whether a drug is likely to be concentrated at launch or if the uptake will likely be slow, and plan accordingly. Nobody ever gets fired in pharma for doing what everybody else has always done."

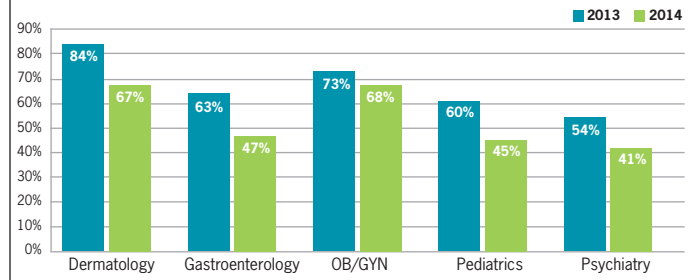
That said, there is evidence that marketing budgets are being reapportioned. The annual MM&M/Ogilvy CommonHealth Healthcare Marketers Trend Report (MM&M, June 2014) showed signs of a shift in HCP spending toward NPP tactics last year: 63% of marketers reported increased budgets for mobile/tablet apps; 63% reported increased budgets for social media; 51% for digital ads; 48% for websites; and 33% for direct marketing (Fig. 2).

"It's hard to say if it's a left-pocket-to-right-pocket move," says Woodland. "But yes, marketing is freeing up dollars from the sales force and redeploying it on NPP."

Woodland notes that the clients that are most progressive in NPP tend to invest only in programs at the individual level: "They are demanding that all NPP activities target at the individual prescriber level and demand response behavior at that level, too." While it is possible to achieve this, even with banner ads, Woodland cautions that an insistence on this approach can actually reduce the scope of programs. "You can end up missing a large swathe of your audience, even though the very intention of using NPP is to fill in the gaps created by reducing the sales force."

The solution, he says, is to supplement individual prescriber data with prescriber profiles drawn from behavioral research—understanding what HCPs are looking for, when they are looking for it and how

Fig. 1: Accessible US Prescribers, 2013–2014



Source: ZS Associates AccessMonitor, 2014

Fig. 2: Marketing to HCPs: Tactics & Budget Shifts, 2013–2014

	% Deploying Tactic		% Reporting Budget Shift for 2014	
	2014	2013	Increase	Decrease
Meetings/Events	85.1%	86.1%	26.3%	32.4%
Websites	77.7%	74.8%	48.2%	12.8%
Printed Sales Materials	77.2%	79.2%	18.7%	42.2%
Sales Reps	73.8%	73.3%	28.8%	21.2%
Research/Data/Analytics	66.3%	63.9%	41.2%	10.3%
Patient Education Materials	65.3%	62.4%	41.0%	12.9%
Digital Sales Materials	64.4%	56.4%	62.0%	7.3%
Direct Marketing	57.4%	55.0%	33.3%	21.7%
Social Media	54.5%	42.6%	63.4%	7.1%
Journal Print Ads	53.0%	53.5%	22.4%	40.5%
Advocacy Programs	50.5%	43.1%	53.2%	15.6%
Digital Ads	48.0%	46.5%	50.9%	15.1%
Mobile/Tablet Apps	47.5%	37.6%	62.5%	11.5%
CME	43.6%	39.6%	38.7%	16.1%

Source: MM&M/Ogilvy CommonHealth Healthcare Marketers Trend Report, 2014
Survey of 202 healthcare marketers, director level and above

they want it delivered. Of course, in today's dynamic environment, what the audience wants may constantly be changing.

Studies by Manhattan Research over the past year have shown that prescribers would welcome more patient-support programs from pharma as they continue to align with Accountable Care Organizations in this new era of outcomes-based reimbursement. They might also appreciate content and services that could help them run their busy practices. And what about NPP programs for pharmacists, NPs/PAs and payers? What are the opportunities afforded by EHRs?

Meanwhile, CMI/Compas Media Vitals offers valuable data on accessibility and the media consumption habits of prescribers. There are significant differences in behavior between age groups, for instance. Most prescribers will read emails from pharma. Many value journals. Many still welcome sales reps.

"There are more than enough viable addressable opportunities in every channel today," says Woodland. "If you put in the effort to understand the audience, you get a much more coherent NPP strategy that won't be a one-dimensional type of program."

It's all about choosing the most appropriate mix for the product, audience and market. "I have two children. I love them equally and I treat them equally," says Daly. "But I don't treat my products equally. I discriminate brutally. If it makes sense to approach product A with 75% NPP, then go for it. The biggest mistake anybody can make is to treat each product the same." ■