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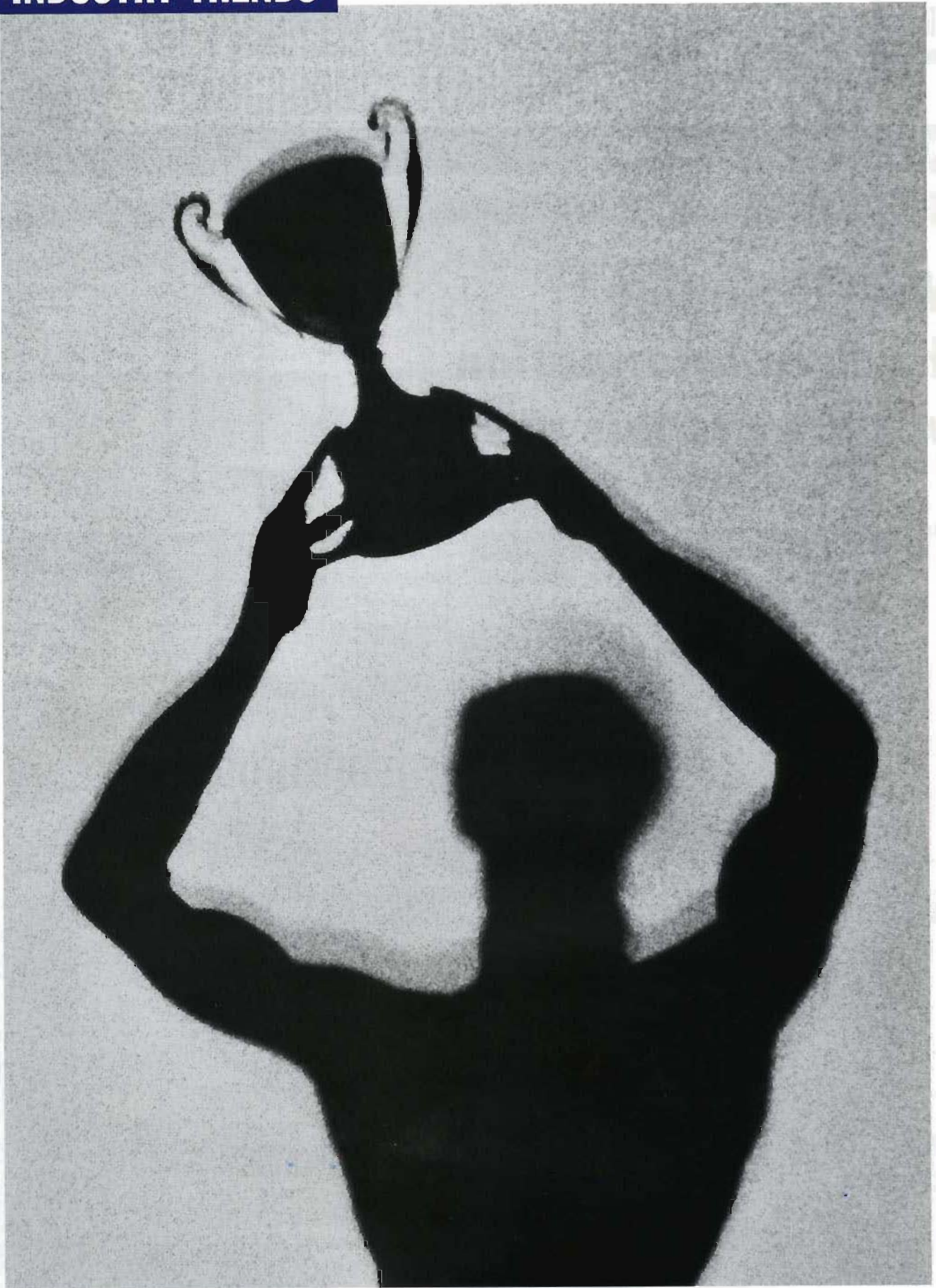
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TRAINING EFFECTIVE
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REPRESENTATIVES

**THE PROBLEM WITH
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WHY MORE COMPANIES
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ORGANIZATIONS



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THEY'RE SPECIAL FOR A REASON

TRAINING EFFECTIVE SPECIALTY REPRESENTATIVES: RESEARCH-BASED GUIDANCE FOR TRAINERS AND TRAINING DEPARTMENTS

by Rick Rosenthal and Rayna Herman

Savvy professors don't use the same teaching style for both graduate students and freshmen. Nor do experienced coaches treat all-star players like rookies. And, the same holds true for trainers who educate both specialty and primary care representatives.

Because specialty representatives typically have more sales experience, more clinical knowledge, and greater professional achievements than primary care representatives, training topics—as well as the role of the trainer—are much different. Those differences can create challenges as training organizations strive to develop and deliver the highest quality training for their specialty sales forces.

Health Strategies Group research with specialty representatives and their customers has yielded insight into the challenges and opportunities of training these talented professionals. In this article, we describe the profile of today's specialty representatives and explore the implications of this profile for trainers. Perhaps most important, we translate our research into helpful recommendations for improving your current approach.

PROFILE OF TODAY'S SPECIALTY REPRESENTATIVES

Before you can develop and deliver training that addresses the distinct needs of specialty representatives, you must first understand their profile. Specialty representatives often come from the ranks of the company's most successful primary care sales representatives. When companies do hire them from the outside, requirements may include education or experience beyond what is required for primary care sales representatives.

Those higher standards create a group of trainees who are different from your typical primary care training class. Specifically:

- **Specialty representatives have tenure.** On average, they've spent more than five years in the pharmaceutical industry—including 3.7 years in specialty selling.
 - **Specialty representatives are well-educated.** Although advanced degrees are not always required, 18% of specialty representatives have them. And, an additional 5% possess clinical degrees, such as RPh, PharmD, RN, PA, or NP.
 - **Specialty representatives work long hours.** During a typical week, they log more than 50 hours, calling on an average of 55 physicians and clinical staff and 17 non-clinical staff. What's more, they frequently engage local medical societies and patient advocacy groups.
 - **Specialty representatives are strategic.** They spend hours every month creating and revising territory action plans, analyzing business trends, and planning their calls and programs. They frequently share their plans with colleagues and their manager.
- Other factors distinguishing specialty representatives include:
- Large territories that average 320 miles across—about the same size as the average primary care *district*
 - Calls in settings of care beyond the physician office
 - Targeted disease states that tend to be more serious, even life-threatening
 - Responsibility for relationships with multiple key opinion leaders (an average of five per territory).

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TARGETED TRAINING TOPICS

Clearly, the average specialty representative is experienced, educated, and driven. Even so, there are still many opportunities for continued education and development. You can help them strengthen existing skills, as well as develop new skills that may not have been critical to success in previous roles.

More specifically, you can develop programs to help increase effectiveness in the following areas:

Product and disease state knowledge. Specialists expect their specialty representatives to possess *deep* product knowledge. They want representatives who can discuss their own products, as well as others used in the physician's practice. To that end, they expect representatives to monitor the same journals they do and to be aware of information that could help their practice. In other words, specialty representatives need a "total patient management" perspective and clarity about how their product fits into the mix of approaches used to treat patients.

Probing. Customers appreciate representatives who ask intelligent questions to determine their needs. Those questions demonstrate the representative's domain knowledge and concern about helping patients. Specialty representatives need to be skilled at establishing dialogue about how the customer:

- Distinguishes appropriate patients for therapy
- Evaluates new products or new uses for existing products
- Manages common side effects
- Overcomes any economic obstacles in managing their patients.

Working with provider and patient groups. Specialty representatives frequently interact with medical societies and patient advocacy groups. To work effectively with these entities, they need strong networking, negotiation, and public relations skills.

The business of healthcare. Because of the high cost of many specialty products, health plans often implement step edits, prior authorizations, or other barriers to access. In some cases, use of specialty products also has an economic impact on the physician. Specialty representatives need to understand common reimbursement hurdles their customers face, along with the actions and documentation required to address them. They also need insight into the types of economic risk their customers face when treating their patients.

TRAINING SPECIALTY REPRESENTATIVES

How can you develop training that's meaningful for representatives who already have significant experience, education, and professional accomplishment? For starters, include a broader team of experts in your training programs.

Clearly, sales and marketing leaders should play a role, but other internal and external experts can also bring significant value. Having studied consistently successful specialty representatives and analyzed feedback from their customers, we have outlined several internal and external personnel you should consider involving in your training programs.

USING IN-HOUSE RESOURCES

The following company personnel are good resources to tap in your training efforts.

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A medical information specialist can help you:

- Describe concerns of physicians and customers who contact the company.
- Ensure representatives can help customers access medical information.
- Explain how to handle high-priority requests.

A patient assistance program administrator can:

- Describe available programs.
- Explain how customers access programs, including key personnel and contact information, Web sites, and documentation requirements.
- Highlight other support that may be available through state programs or patient advocacy groups.

Managed care and government account managers, and reimbursement specialists can help you:

- Describe reimbursement environment and common procedures.
- Outline ways to help customers overcome various obstacles.
- Explain economic impact of targeted patient on a physician's practice.

The director of clinical research and clinical liaisons can:

- Present Phase 3 and 4 product development.
- Explain how customers can manage product side effects and how and when to contact medical personnel.
- Outline the procedure for adverse event reporting.
- Address next steps for clinicians who want to become investigators.

Physician Perspective of Effective Specialty Representatives (ESRs)

ESRs Do...

- Respect physician time
- Provide patient education, samples, patient assistance, speaker programs
- Have two-way dialogue with physician
- Provide scientific and unbiased information
- Have knowledge about product and disease
- Focus on patient needs
- Help with reimbursement and formulary coverage

ESRs Don't...

- Repeat the same information on each visit
- "Push" when promoting product
- Walk into patient areas
- Visit too often
- Give the same sales pitch to every physician

Source: Health Strategies Group, Fall 2005.

ENGAGING "TRAINERS" OUTSIDE THE COMPANY

Trainers should also consider engaging non-company personnel.

Community and academic physicians can help you:

- Talk about overall practice patterns.
- Explain the approach to managing the target patient.
- Educate about treatment modalities, including and beyond the company's product.
- Share experiences using the product.
- Explain the economic impact of the product and patient on their practice or institution.

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A physician who served as a Phase 3 investigator for the product can help you:

- Share observations and lessons learned from clinical trials.
- Highlight publications arising from trials.
- Preview ongoing areas of research.

An officer from a medical association focused on the therapeutic area can:

- Present the goals of the association—how it helps patients and health care professionals.
- Suggest how representatives can help.

A patient advocacy organization member can help you:

- Share patient perspective on the condition and the various treatments used.
- Explain impact on quality of life and family.
- Outline goals of patient advocacy organizations.
- Suggest how representatives can help patient organizations.

Non-clinical and administrative office staff can help you:

- Explain administrative management of target patients.
- Step through common office procedures.
- Provide overview of billing and reimbursement.

Non-physician members of the treatment team, such as specialty nurses, physician's assistants, and pharmacists can help:

- Outline the roles of treatment team members.
- Explain common patient management challenges.
- Share experiences using various treatments.
- Explain what these providers need from representatives.

See figure 1 for example workshop concepts.

TIPS FOR TRAINING DEPARTMENT LEADERS

In organizations with both types of sales forces, primary care representatives typically outnumber their specialty counterparts by a wide margin. As a result, directors of training may find their energy focused on meeting the needs of the primary care sales organization. And, in companies with more than one specialty sales force, the unique needs and marketplaces for each may challenge department leaders to gain consensus on the company's critical training needs. Of course, all department leaders face the reality of resource constraints.

Having analyzed the needs of both specialty representatives and their customers, Health Strategies Group recommends the following to training department leaders.

Figure 1

| Targeted Skill/ Knowledge | Training Objectives | Workshop |
|--|--|--|
| Deepen product/disease state knowledge | Representatives will be able to: <ul style="list-style-type: none"> • Understand the implications of current medical research customers read • Discuss this information intelligently and credibly | <ul style="list-style-type: none"> • Assign groups to scan current specialty journals • Identify articles that are focused on the targeted disease state or are likely to be of interest to customers • Discuss articles' implications for targeted patients, physicians, nurses, office staff |
| Polish probing skills | Representatives will be able to: <ul style="list-style-type: none"> • Conduct important conversations with customers • Learn critical information about customer treatment approaches • Position product based on specific customer needs • Work more effectively with all members of the treatment team | Assign groups to prepare questions designed to open dialogue on a critical topic: <ul style="list-style-type: none"> • Learning how the customer determines appropriate/inappropriate patients for therapy • Gaining insight into the customer's common patient management challenges • Understanding how the treatment team members (MD, RN, RPh, administrative staff...) work together Invite a customer into the class for live dialogue and evaluate the outcome |

Source: Health Strategies Group, Fall 2005.

Diagnose: Recognize the different training needs of your specialty sales forces. We identified the top 10 skills and behaviors that specialists want from their representatives (see figure 2). However, each specialty has its own "personality"—and places different importance on each attribute. By identifying the skills and behaviors valued by each set of target customers, you create an objective basis for prioritizing differences in training your specialty sales forces.

Benchmark: Understand your specialty sales organization's performance relative to competitors. How do your specialty representatives stack up on the skills and behaviors that drive value for their targeted customers? Your organization

likely possesses strengths you want to continue to leverage. But, you should also identify specific gaps and use those to drive curriculum improvements. In situations where additional resources are required, benchmarking data against competitors often helps create a consensus for taking action.

Measure: Periodically assess performance of your specialty sales representatives. With the knowledge gained from diagnosis and benchmarking—and having adjusted training emphasis accordingly—you should regularly monitor and measure the performance of your specialty sales force against the skills and behaviors that drive value. This may involve follow-up benchmarking to maintain a “competitive market” perspective or a more limited internal assessment. Either way, understanding the impact of your existing training should help you continually improve your programs.

Much like seasoned students and athletes, specialty representatives typically arrive for training with an impressive inventory of skills, education, experience, and performance. For all these reasons, your approach to training specialty representatives must be different from your programs for primary care representatives.

Whether you're responsible for developing individual training programs or managing an entire training department, you need to acknowledge and address the unique needs of specialty sales forces. By embracing a specialized approach, you will enhance the impact of training—and ultimately help increase the effectiveness of your specialty representatives.

Rayna Herman, is Principal of Health Strategies Group where she directs the firm's sales force effectiveness practice. Rayna is the primary author of several groundbreaking studies on sales force effectiveness, including Access to High Prescribers: The World of Doorknob Details, and Improving District Manager Effectiveness. Prior to joining Health Strategies Group, Ms. Herman spent eight years in sales and marketing at Merck & Co, Inc.

Figure 2



Source: Health Strategies Group, Fall 2005.

Rick Rosenthal is a Senior Consultant with Health Strategies Group, and directs the firm's sales management effectiveness work. Prior to joining Health Strategies Group, he spent 12 years Ortho-McNeil Pharmaceuticals in territory and institutional sales, sales training, District and Regional sales management, and brand marketing. While at Ortho-McNeil, Rick hired more than 100 representatives and district managers, and participated in the training and development of more than 1000 industry professionals.