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Mobile and Wireless Sales Force Strategies:
in-depth report from an eyeforpharma conference

held in Barcelona, 14–15 March 2006

by John Hosken

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Mobile and Wireless Sales Force Strategies:

in-depth report from an eyeforpharma conference

by John Hosken

Executive summary

Mobile communication is emerging as a core part of the pharmaceutical sales process. Doctors are no longer strangers to technology, with devices such as PDAs (personal data assistants) playing a key role in conversations between representatives and physicians.

Ten years ago, technology was an enabling service, with the sales force its client. Now, increasingly, technology is not only setting the agenda, it is also setting the strategy. Technology projects tend to be driven more by the technology available than by the business needs that must be met. Dominant technologies such as Google, Skype and BlackBerry have now taken over the strategy.

So, how does the pharmaceutical industry drive, maximise and, just as importantly, maintain mobile adoption? What does it use mobile technology for? And which devices will best serve its needs?

The eyeforpharma conference on Mobile and Wireless Sales Force Strategies, held in Barcelona on 14–15 March 2006, addressed these critical issues, with case studies from leading European players attempting to provide answers. This *Conference Insights* review looks at the most pertinent factors driving mobile communication and its impact on sales force strategy in pharmaceuticals.

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Organised by eyeforpharma, Barcelona, 14–15 March 2006

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About eyeforpharma

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We also produce the eyeforpharma briefing, which comes out twice a month, containing original stories about projects within the industry. To obtain this free of charge, visit www.eyeforpharma.com

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Introduction

The dust seems to be settling in the mobile communications world after several years of upheaval. The mobile revolution seemed to take everyone by surprise, probably because it was an evolution rather than a revolution. Unlike the web, which was hyped to the skies in the late 1990s (by the current author among others!), mobile sales tools evolved from standalone laptops to more convenient PDAs (personal data assistants) to a wireless set up that enables representatives to take pre-sales information and file post-sales call reports on the move.

A few years ago, most people looked in bemusement at PDAs, which just seemed to be electronic calendars. They had heard about tablet PCs and wondered whether mobiles would ever be used for anything other than talking. That old bugbear of emerging technology in the pharmaceutical industry, the lack of provable return on investment (ROI), together with a scarcity of examples of its effectiveness, can now be addressed. The proliferation of options is still there, and in fact new methods of using technology are emerging as the potential for mobile and wireless among pharmaceutical representatives becomes clearer. Maybe pharmaceutical companies don't buy until they have a very limited choice, in a latter-day variation on the old saying, "No-one ever got fired for buying IBM". But the days of companies hanging back and waiting for someone else to stick their neck out have gone.

So what is mobile technology being used for? The vast majority of companies have opted for sales force automation (SFA) features, notably increased sales force productivity and mobility, and improved territory management and gathering of customer data. eDetailing is important, but it can't be done on a pocket PC, which means that companies keen to adopt will have to invest all over again in tablet PCs.

And devices? Most users have gone for a PDA or pocket PC, largely because of familiarity. However, the tablet PC is slowly gaining ground as its value as a demonstration device becomes clearer. The BlackBerry can't be discounted either, since it now has almost universal uptake in the executive suites of the world.

Interestingly, mobile is not being used for what an outside observer might think was the primary purpose of representatives: to persuade doctors to prescribe more of their company's products. Mobile is only – so far – being used to keep track of who, when, how often and for how long representatives visit, not for what they say when they finally see a doctor.

These were the main takeaway messages from the eyeforpharma Mobile and Wireless Sales Force Strategies conference, which saw case studies from some of the leading players in Europe. The agenda was split into theory and practice: day one looked at strategic analysis and the business case for wireless deployment in the field; day two covered successful implementation, execution and ROI measurement. The main issues that were discussed were strategy, how mobile increases efficiency, implementation headaches and which device to use – a PDA, a pocket or tablet PC, or a BlackBerry.

John Hosken
April 2006

About the author

John Hosken has been closely involved in writing about, planning and implementing technology for the pharmaceutical industry for the past decade. After a career in financial and consultancy marketing, he joined Merck in 1997 as one of the pharmaceutical industry's first internet strategy managers. He helped the company to get involved in using the web to market to doctors in a wide range of countries, moving to Acurian to develop its franchise in the clinical trials online recruitment market, and then held a range of pharmaceutical marketing posts in various agencies. He has been writing on pharmaceutical marketing and technology topics for Pharmafocus since 2002.

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Mobile and Wireless Sales Force Strategies:
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Strategy

Chairman Alan Mair (iAnywhere) started the conference by outlining the business case aspects of wireless deployment in the pharmaceutical field: are mobile communications just of technological interest or are they a core part of the sales process? If they are core, how do you drive and, just as importantly, maintain adoption? How many PDAs, one wondered as he said this, were bought and enthusiastically adopted until the batteries ran out, and now lie forgotten at the back of drawers?

Mobile eDetailing solutions

But before the technological cart ran the risk of being put before the business horse, Jocelyn S Young (Datamonitor) gave an impressive presentation looking at the outlook for mobile eDetailing solutions and how innovative technology and traditional attitudes are changing the pharmaceutical business model. Interestingly, Young pointed out that of the $44 billion spent globally on customer relationship management (CRM) last year, only $1 billion was spent on SFA. Most CRM is carried out from the desktop, and most of that, one suspects, is from the call centre.

The pre- and post-sales call aspects are clearly a major element of the technology uptake, but Young asserted that the PDA plays a key role by providing the representative with quick access to information when answering an unexpected question and to online transactions such as ordering literature or samples.

> *The PDA plays a key role by providing the representative with quick access to information and to online transactions*

Are doctors strangers to technology? Not any more, it would seem. Physicians love gadgets for work. According to Datamonitor, 87% use desktops, 45% use laptops, 20% use PDAs and 11% use tablets. Nearly all doctors (98%) use email, over half (55%) use their devices for writing and submitting prescriptions, and between a third and a half use them for tasks such as reading articles, checking

formularies, getting clinical trial data, viewing medical records or images and carrying out continuing medical education. About 30% of doctors use devices when participating in detailing sessions. A surprisingly high 81% said they would probably, very probably or definitely be requesting a drug sample delivery or follow-up visit after participating in a detailing session.

Datamonitor has come up with five eDetailing scenarios involving varying degrees of human interaction, and tested them on doctors around the world (Fig. 1). US and European doctors are reluctant to carry out eDetailing on their own, but are interested in having 'a guided tour' with a representative, so while the good news for the pharmaceutical industry is that they are receptive to eDetailing, the bad news is that it will supplement rather than replace the representative visit.

> *Doctors are receptive to eDetailing, but this will supplement rather than replace the representative visit*

Datamonitor has also researched drawbacks to eDetailing. Doctors reported that the main disadvantages are that: it takes too long, information isn't very good, and it takes away the representative–doctor interaction. These disadvantages need to be seen in perspective, however; eDetailing is only one driver to changing prescription behaviour. Doctors are as likely to prescribe because a patient has asked them about a particular drug as they are if they have been persuaded by an eDetail.

Ensuring effective collaboration

Another presentation tackled an overlooked element of the process – the people issues. Leandro Herrero (The Chalfont Project) talked about effective collaboration between sales, marketing and information technology (IT) to ensure the successful execution of business and technology projects. Any new project is a mix of sales marketing and technology. The role of technology can be to enable the service, set the agenda or set the strategy. Ten years ago, technology was an enabling service, and the sales force was its client. Now, increasingly, technology is not only setting the agenda in terms of how, when, how much, etc., but it is also setting the

Traditional live ← – – – – – – – – – – – Detailing scenarios – – – – – – – – – – → Fully 'e'

Scenario 1:
eDetailing has no value, I always prefer live visits.

Scenario 2:
I prefer using eDetailing services **during the course of participating in a live detail session** (such as accessing information via a handheld device).

Scenario 3:
I prefer to conduct some detailing sessions with a **sales representative in person** and some detailing sessions with a **sales representative remotely** (i.e. via video conferencing).

Scenario 4:
I prefer to conduct some detailing sessions with a **sales representative in person** and some **detailing sessions on my own** (i.e. via a scripted website that I walk through on my own).

Scenario 5:
I would prefer eDetails to live details entirely.

Physicians in Europe showed the greatest reluctance about the value of eDetailing, yet they are the ones most open to use of technology during a live detail.

Physicians in Japan showed the strongest preferences for #3 & #4

This scenario is most preferred by physicians in the USA and Europe

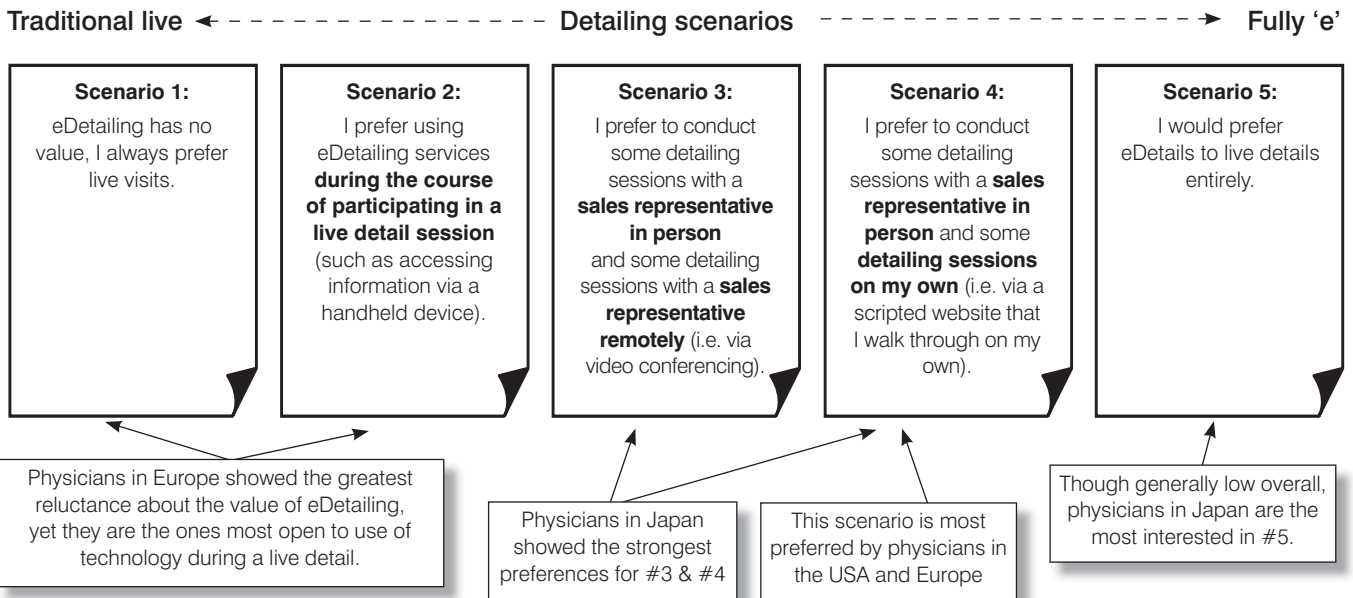Though generally low overall, physicians in Japan are the most interested in #5.

Fig. 1. Doctor preferences. Reproduced with permission from Young (Datamonitor).

strategy. Dominant technologies such as Google, Skype and BlackBerry have now taken over the strategy.

This profound thought took up only a moment at the conference, but it leads one to think that companies may be surrendering their business objectives to vendors of hardware and software – to the dominance of the boxes. In effect, one has to think not, "What should I do to reach my customers more effectively or more cheaply?" but, "What will Google, Skype or BlackBerry allow me to do, and how can I build a strategy around their offerings?" Certainly the rest of the conference rather lost focus on "How can we persuade doctors to prescribe more of our products?" and looked instead at technical or management issues.

Increasingly, technology is not only setting the agenda, but is also setting the strategy

Herrero illustrated the point with a story about someone who finds a man looking for his keys. "Where did you drop them?", he asks, and the man gestures vaguely in the distance. "So why are you looking there?", he asks, to which the answer is, "Because there's more light here." Similarly, technology projects tend to be driven more by the technology available than by the business needs that must be met. IT projects fail in many cases because failure is not punished. Herrero argued that a failure in implementing technology is ten times more accepted than any other organisational fiasco.

Incentives and motivations are often thought to be key to any IT implementation but fall short of ensuring sustainable success. Successful implementation requires overlaying traditional project requirements with behavioural requirements, getting sales and marketing

to collaborate in practical terms and helping the organisation to understand how people make technology projects successful (Fig. 2). Key to this is understanding the organisations' DNA. For instance, sales people are typically independent solo players, and handing them a PDA is not, in itself, going to turn them into collaborative team players. A whole host of other behaviours are needed to make that happen.

Technology projects tend to be driven more by the technology available than by the business needs that must be met

Ensuring effective mobile delivery

People and processes were also the focus of the presentation by Ashley Latham (Novo Nordisk). Novo Nordisk, incidentally, has spun out its IT department as a free-standing profit centre that is allowed to sell its services to other companies. This offers people like Latham a wider perspective than the traditional pharmaceutical industry-only mindset.

People enable projects to succeed, but they can also cause them to fail and, in recognition of this, Latham focused on practical pitfalls and how to work round them. His presentation focused on how to ensure effective mobile delivery of data and new ways to overcome the barriers, while maintaining a strong mobile infrastructure. He injected a healthy note of scepticism into the process, starting by saying that there is no such thing as 'always on'.

One useful rule of thumb, quite literally, is that the user has to be able to operate the device with one thumb,
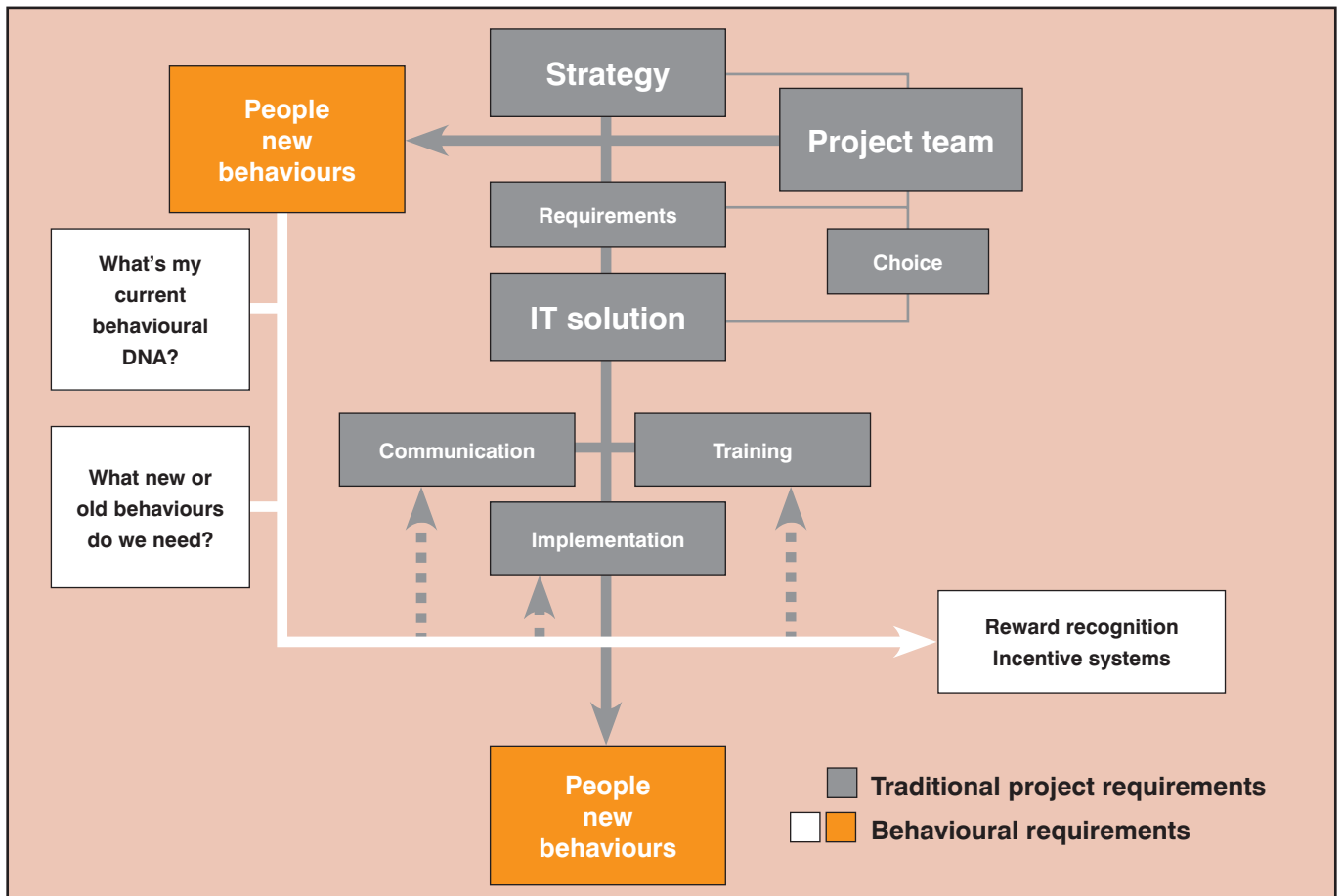
Figure 2. The Chalfont Group's plan for success in IT projects. Reproduced with permission from Herrero (The Chalfont Project).

so pick lists and making selections from drop-downs are more user-friendly than asking the user to enter text. Another vital factor is how to work around the various security issues, such as protecting data and corporate networks from hackers. The system needs to allow legitimate users to access, and read and write data from back-end systems, as well as blocking unwelcome visitors. A third critical success factor is to consider total cost of ownership when planning the project, which means adding in costs of scaling up and introducing new languages, as well as issues further down the line such as user support.

He also offered a management primer for judging mobile business cases. On one hand, are typical statements [in business cases] that, as he tactfully put it, "should receive additional scrutiny":

- This technology is a paradigm shift and will totally change our business.

- This technology will increase customer loyalty/capture.

- Smaller/cheaper mobile devices can replace the more expensive/larger PCs.

- This technology is time saving, based on insignificant units.

On the other hand, realistic statements to look for in business cases would include:

- Reduces double data entry and potential for errors.

- Captures/provides data in real-time.

- Increases reliability of data entry.

- Allows faster turn around in business reporting and decision-making, if that is applicable in a pharmaceutical environment.

- Offers empirical evidence of significant time savings.

Implementing an adaptable mobility strategy

Interspersed with the presentations on day one of the conference were three workshop tracks. One of these, led by Richard Roberts (Dexterra), was on implementing an adaptable mobility strategy.

The pace of change at the front line of business is far faster than that back at headquarters

He started by commenting that the pace of change at the front line of business is far faster than that back at headquarters. The rapidly growing volume of customer interactions is giving greater visibility to issues and opportunities, stimulating new possibilities for sales/ service combinations and creating more 'moments
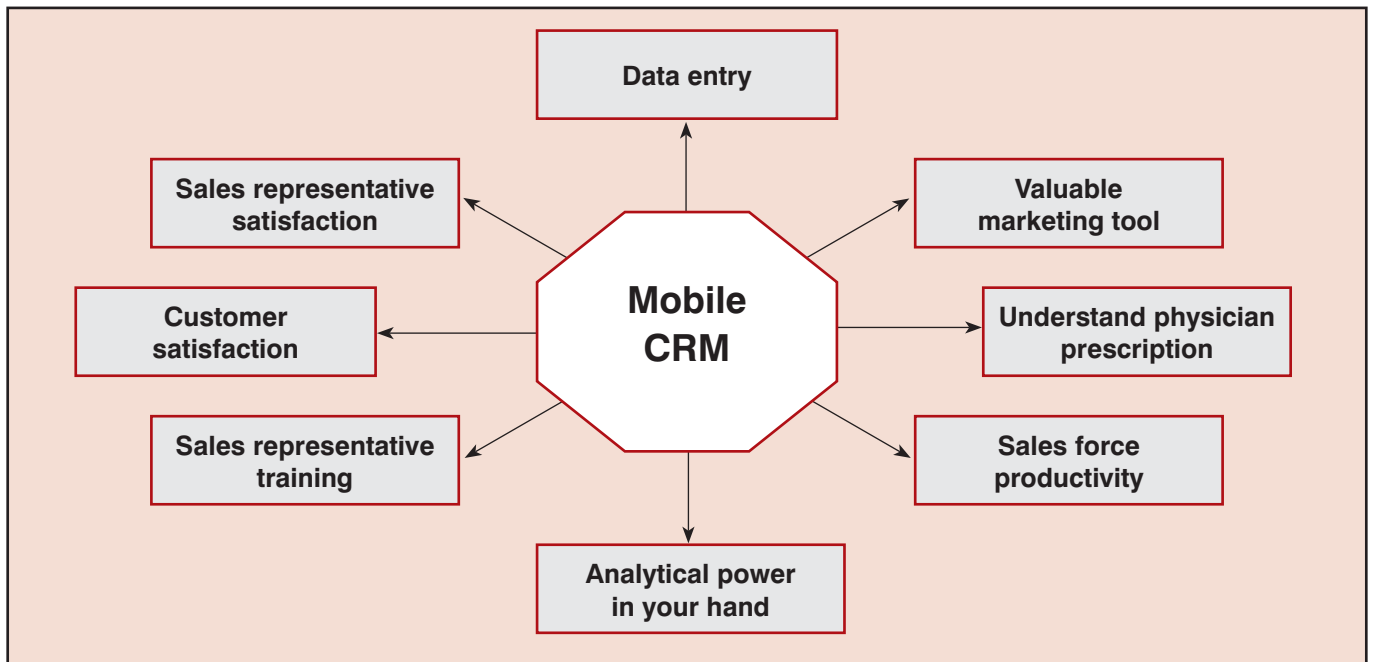
Fig. 3. Challenges and opportunities for mobile CRM. Reproduced with permission from Nissim (Infonis).

of truth'. Roberts pointed out that many organisations expect their front-line workers to take on an increasing number of roles. Conventional approaches to systems design, development and implementation simply can't keep pace.

Synchronising with mainframe CRM

In terms of strategic decisions at a corporate technical level, the key to success is synchronising mobile/wireless devices with your mainframe CRM system, and this was explored by Alfredo Nissim (Infonis). Synchronising your CRM system with mobile devices means overcoming the challenges of translating and capturing data in real-time. The range of challenges – and opportunities – is illustrated in Fig. 3.

Key to success is synchronising mobile/wireless devices with a mainframe CRM system

Nissim argued that tight linkage of devices to the corporate CRM, and the ability to move information from one to the other quickly is crucial to improving sales force productivity and satisfaction, as well as customer satisfaction. This gives management a better appreciation of sales force activities, while the representative will be capturing real-time data and effectively feeding back into internal systems that enable customer behaviour and attitudes to be modelled more effectively, thus increasing the efficiency of each sales call.

A vital aspect of strategy is "how to sell a sales system". Sean Burke (Galderma) described how Galderma transformed a recommendation into a self-selling standard across the company. When Burke took over his job 5 years ago, he found a company with 30 different sales systems in its 30 different countries. His first task was to install a governance process. The options for governance range from fully decentralised, where each subsidiary does its own thing, to fully centralised, where a solution is imposed from the centre with no variations. In between these extremes lies the corporate recommendation model, where corporate level recommends a solution and provides support for its implementation, and entities can choose whether they want to apply it and have to justify themselves if they do not.

Dermatology markets and practices vary widely from country, so a global standard was clearly not appropriate. The key requirements all countries shared were customer list management, activity reporting, targeting, sales reporting and analysis tools, resource management and time management. The chosen solution would have to be web-based, outsourced, multi-language and platform independent. It would also have to offer flexible options to meet local needs, provide fixed costs with clear deliverables and no surprises, and be credible. Galderma chose Salecase, which runs on any device, including, in India, an innovative internet café for 150 representatives.

To create credibility, ensure project success and, crucially, keep customers happy: facilitate, do not enforce
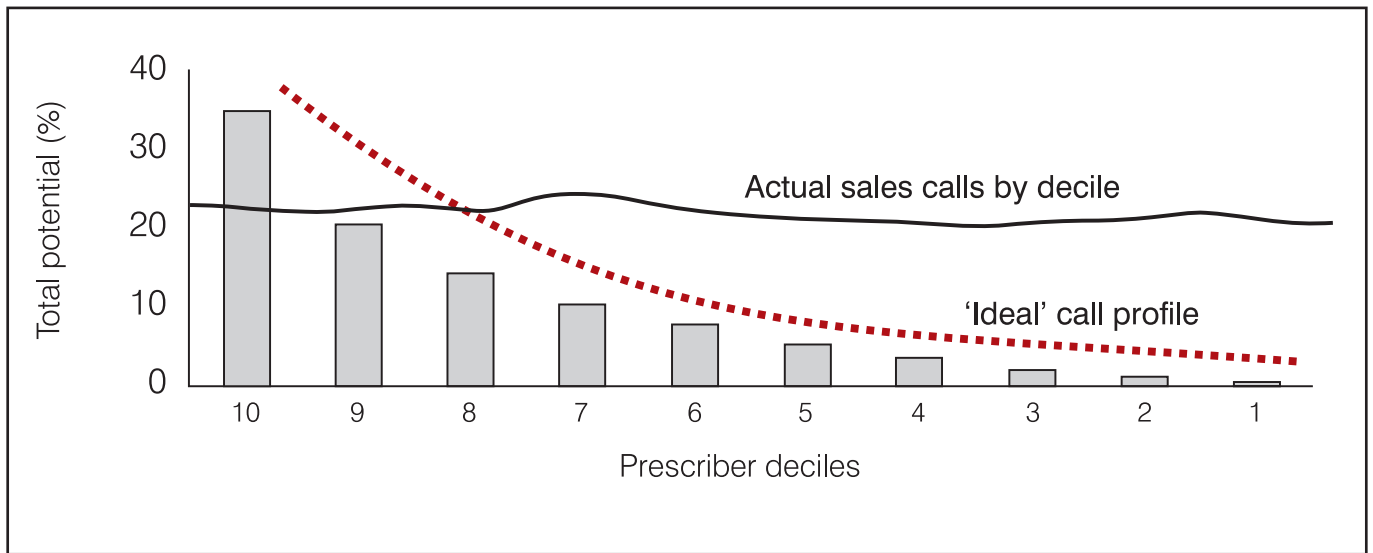
Fig. 4. IMS analysis of call efficiency shows 20% of calls are wasted. Reproduced with permission from Cem Oengoeren (IMS Health).

The takeaway idea from this presentation was – to create credibility, ensure project success and, crucially, keep customers happy: facilitate, do not enforce.

Sales efficiency

Sales efficiency, or more to the point, current call inefficiency was the topic of a presentation by Cem Oengoeren (IMS Health). Oengoeren illustrated the scale and nature of the problem, shown in Fig. 4. The inference from this graph is that companies simply don't know where to place their resources and opt instead for spreading them evenly across their target audience, regardless of whether they prescribe a lot or a little. Oengoeren believed that companies should focus on their high prescribers, saying that since doctors differ in their relative value, a precision approach of identifying key individuals within the target universe provides the foundation for effective promotional activity.

> *Companies should focus on their high prescribers*

CRM, as currently implemented, seems to be more of an expensive hindrance than a help. Oengoeren cited a study by Nucleus Research, which showed that CRM costs, on average, $18,000 per user per year, and yet 78% of customers stated a lack of user friendliness, and 65% pointed to customisation and performance as issues.

Giving representatives user-friendly devices is much more likely to see data being entered quickly while it still is fresh in the representative's mind. In fact, in one pilot project for a medical devices company, the implementation of wireless PDAs was so successful that the representatives refused to return their PDAs at the end of the trial!

How mobility can improve efficiency

Two practical demonstrations of how mobility can improve sales force efficiency came from Orion Pharma and Serono. Pekka Koivuneva (Orion Pharma) described how Orion Pharma built a user-friendly and user-driven SFA solution. Orion had already launched its CASH (Customer Attraction and Service Helpdesk) solution in 2002, going live in Scandinavia and the UK. Through 2003 and 2004, they experienced master data upload problems and the solution needed too much support, so they took strategy 'back to basics' to focus on a SFA implementation with a solid, user-friendly solution. There was already a range of CRMs in use across Orion, and the decision was taken to revise the roadmap, to meet three main objectives:

1. To automate transactional call planning and reporting to provide a SFA solution.

2. To optimize SFA with analytical and high-impact delivery capabilities to provide a mature and relatively low-investment sales effectiveness tool for data integrity, prescriber databases and sales performance analytics to provide sales force efficiency.

3. To invest in multiple channels, such as a contact centre and/or online tactics.

The project team also addressed weaknesses in the existing strategy:

- The CRM programme was too IT-driven and was seen as a technology program.

- Solutions weren't fully aligned with architectural standards and there was over-customisation of applications.

- Fading executive support.

- The CRM roadmap was too ambitious.

- There was no customer data integration because of a stove-piped organisation.

Feedback from users called for much tighter integration across countries, including basic sales call operations common to all countries and business areas, better integration between medical marketing and sales, and a 360-degree view of the customer. It also called for systematic customer handling and feedback, extranet services, information from sales representatives across the organisation, a single view of partners and a common activity log. The chosen solution was Salecase, an on-line, browser-based solution that doesn't need user synchronisation. The vendor takes care of hosting and looks after data consistency and uploads, so no in-house investment was needed. Other advantages included easy scalability, enhanced functionality and a simple pricing model.

So, does the new solution, which started with a small pilot in Animal Health Finland, solve the problems of the old one? Koivuneva acknowledged that there have been some problems with getting the sales people to use the system on a daily basis. However, with regard to gathering information such as call booking, no shows, next planned visit and targeting frequency, the system is working well. Of 130 users, 50–90 use mobile at various times, and speed seems to be the limiting factor. Data transfer is fast and reliable via ADSL (asymmetric digital subscriber line), but mobile has its problems. Even a wired country like Finland has less than 100% mobile coverage. Sales force call management has improved, however, with better profiling, targeting, booking and reporting. According to Koivuneva, "it is easy for the sales people to code doctors and it is easy for management to find information and create useful reports. It is too early to say if it's empowering the sales people but we are hoping it will as soon as they start using the system on a more regular basis and they can benefit from the information they have put into the system."

> *Sales force call management has improved, with better profiling, targeting, booking and reporting*

Guilio Vannini (Serono) and Sylvie Ouziel (Accenture) described Serono's mobile and wireless deployment of pocket PCs to improve sales efficiency. Serono's Increasing Sales Effectiveness programme was launched in 2004, consisting of a Selling Model (UPACA) and Sales & Marketing Academy. The strategic intention was to focus sales people on selling, rather than pure relationships, and to focus first-line managers on their role as coaches. A global CRM solution, PAM, had been in place since 2001, and Serono introduced new Key Performance Indicators on promotional activities to measure the process. The key objectives were to support the UPACA process by fully re-designing call planning and analysis, and to enable sales force mobility by running the PAM CRM on wireless pocket PC. This

would result in time savings (as it would take less time to record the calls) and reduce hassles in reporting during evenings or weekends. It would also facilitate better-quality information by enabling call outcomes to be captured 'fresh', immediately after the visit using 'dead time' between visits.

Key to user adoption was making information available 'on the go', anytime, anywhere and all in one place, and eliminating double agendas and printed notes. The 15-month project, managed by Accenture, had some impressive challenges to overcome:

- The pocket PC (Siebel Life Sciences Handheld) had never been synchronised via GPRS (General Packet Radio Service) before this project, nor had Siebel certified any GPRS-enabled PDA. Moreover, global implementation of the system had to deal with a wide range of local GPRS providers.

- Potential security threats: when using GPRS, a PDA browses the internet; so enabling synchronisation meant that a server had to be exposed on the internet.

- Cost implications: GPRS connectivity is priced on a 'per data volume' basis, so reducing the volume of synchronised data is key for financial performance. The team managed to reduce the synchronised data volume by 85% of the default volume, without losing end-user functionalities.

The system was piloted to 30 representatives in five countries, and the end-user survey of this pilot scheme confirmed the main business case assumptions (Table 1), but there were still a number of technical issues to iron out:

- To improve the custom QTEK self-installing 'image' on the pocket PC.

- To enable country-specific settings (GPRS, language-specific dictionary, virtual keyboard, date formats).

- The PAM pocket PC generated time-savings of over 30 minutes a day on average, well above the business case estimate of 20 minutes

- Mobility drove changes in reporting habits and positively impacted on quality of data

- Pocket PC enabled business opportunities, thanks to the ability to request and access information anytime, anywhere

- Wireless connectivity showed sufficient stability – only 8% experienced frequent issues, mainly due to training or poor GPRS coverage

- Self-service restore processes in case of data loss proved to be efficient

- Costs were kept well under control

- Because the database had been optimised to exclude unnecessary data, GPRS data volumes generated during the pilot were relatively low, at a monthly average of 20–30 MB transfer per user

Table 1. The results of the end-user survey of the PAM pocket PC.

- To remove minor instability problems.
- To add file viewers for PowerPoint and Acrobat.

One problem that many companies will have to come to grips with is the relatively short life-time of many devices and software packages. By the time a company has selected, customised and implemented a device, it may be out of date. In Serono's case this means switching to a new model, because devices with large screens are being declared 'end-of-life' by most vendors. Once a company has finally established the 'sweet spot' between device, operating system, customised user needs and back-end CRM system, it often happens that one or more of them is upgraded, often radically, which means that the whole package has to be redeveloped.

> *One problem that many companies will have to come to grips with is the relatively short life-time of many devices and software packages*

Implementation

Pfizer's experience

There are other challenges to implementation in the SFA field, and one of them faced by the industry leader, Pfizer, is consolidating or replacing legacy systems from its various mergers. Marnix Kint (Pfizer Belgium) drew on his long experience to show how his practical field experience offered companies a route map through these problems.

Following the merger between Pfizer and Warner-Lambert, Kint's responsibility as Field Force Support Manager (in the new Field Force Effectiveness Department) was to upgrade the ETMS (electronic territory management system) and provide a solution for all new business needs. His specific focus was on information sharing between mirror teams, and the introduction of palm PDAs. During a previous merger with Pharmacia, Kint's responsibility had been to upgrade the ETMS from a new specific point of view, the hospital business.

The main problems at that time were data volume and speed issues, synchronisation, and a poor perception among representatives, stemming from a lack of efficient coaching in the field. At the same time, changes in strategic focus offered new challenges. Kint noted that the PDA ETMS application did not evolve at the same tempo as the business needs or the PC application, and that there was a gap between PDA, PC and business needs. To deal with this, the sales process was carefully analysed, as shown in Fig. 5.

The key business objectives, common throughout the pharmaceutical industry, were to improve the quality of the call by providing representatives with better pre-call information, raising the quality of information captured by the representatives and improving their quality of life by removing the need to type up call reports at home. The proposed solution, piloted in 2003, was tablet PCs, but it quickly became clear that these were not mature enough or stable enough to offer any added value. People needed training on them, which helped adoption, but the need for keyboards and extra drives meant that it was a lot to carry about, and acceptance was disappointing. There were also stability issues, and the onscreen keyboard was not customised for Belgian users. However, the ability to plan for calls worked well, representatives thought they did more work in the field and, once they had received training, adoption improved.

Technology doesn't stand still, however, and by 2005 the tablets had matured enough to improve acceptance. Representatives started to feel uncomfortable using laptops in physician's waiting rooms, battery life got longer, tablets were smaller and lighter than laptops, and they offered a single replacement for a laptop and a PDA. So, the old laptops were phased out. Tablets, though, were not the answer, at least at that time. They were too fragile and too high tech for the field force. PDAs were improving, however, and offered a next step.

> *When you implement new technology, do it only if you can increase the quality and efficiency of the knowledge creation process in your company*

Kint pointed out that there are three key learning points. Mobility and sales force efficiency is about:

1. The business evolution, not technical upgrades
2. changes in behaviours, not learning new technical skills
3. an acceptance process, not a 'logical' next step.

The real underlying issue, said Kint, is knowledge creation: when you implement new technology, do it only if you can increase the quality and efficiency of the knowledge creation process in your company.

McDonald's experience

One of the more compelling presentations of the conference came from outside the pharmaceutical industry. Keith Frimley (McDonald's UK) shared his experiences, allowing delegates to learn from highly successful hand-held and wireless deployments from another industry sector.

Ensuring the consistency of customer experience is McDonald's main unique selling point, and guaranteeing that quality service and cleanliness are all to the same
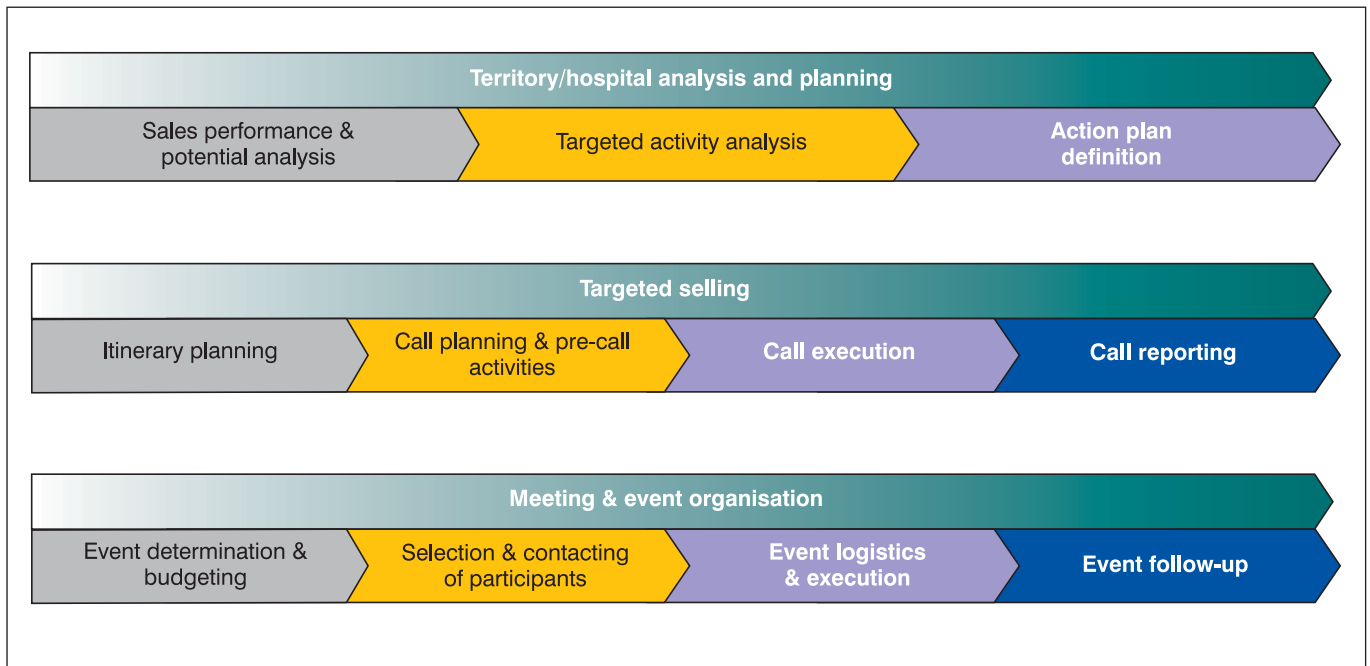
Fig. 5. Pfizer's analysis of the pharmaceutical sales process. Reproduced with permission from Kint (Pfizer Belgium).

standard in any McDonald's restaurant anywhere in the world doesn't just happen spontaneously: it takes a huge amount of work. McDonalds employs teams of consultants to go round its estate of restaurants, visiting each on an 18-month cycle, checking them against a list of 70 items that includes speed of product delivery, quality, etc. The aim is to get more customers, more often, becoming more brand loyal, and thus making each restaurant more profitable.

By simplifying the choice of items and employing lots of drop-down menus, etc. on the hand-held devices, consultants are able to work through this list very quickly. Frimley said that a manual audit that used to take 3 hours is now accomplished in under an hour, leaving more time for the consultants to work with the restaurant on improvements. The consultants' focus has consequently switched from audit and 'you didn't' to consulting and 'you should'.

Benefits for McDonald's include improving the focus on key areas of operational improvement. They now have more accurate benchmarking capability through profile and ranking, and a more proactive approach. What's more they can detect and respond to downward trends sooner, and have reduced the operational risk of missing or erroneous data. The key lessons learned are outlined in Table 2.

- The importance of spending time proving the concepts with the users with the device in their hands
- The need to get stakeholder support and confidence
- Getting the right architecture of vendors, packages and the development platform
- Devoting time and effort to training on device and applications
- Working on clear communication channels

Table 2. The key lessons learned.

McDonald's now have more accurate benchmarking capability through profile and ranking, and a more proactive approach

Ratiopharm's experience

Returning to the pharmaceutical industry, Stefan Langthalar (Ratiopharm) explained how his company implemented data communication technologies and increased sales force mobility as a result. Ratiopharm, as a major generics player, deals mainly with pharmacies. Its needs are more to do with taking orders than persuading doctors to prescribe, but the underlying needs are the same as those of ethical pharmaceutical companies: to ensure a well prepared and structured process for the sales force to improve support, speed and flexibility in the field.

Management wants its sales force to communicate flexibly, though costs must be kept under control. It also wants effectiveness, a multichannel approach, a system that is fast, easy, user-friendly, secure and trustworthy. Users need a fast, easy and user-friendly system that caters for a wide range of skills from beginner to expert, and that can be used while travelling or at home. Representatives want the latest technologies, and the best is not enough. Langthalar called this 'the company car syndrome'. Status and fashion play an important part, and it is vital for many representatives that their solution is better than that of their competitors.

The key to success, said Langthalar, is process. The most high-tech solution probably isn't the most successful. A successful implementation will also consider the preferences of the user, and be aware that some representatives won't use them. But if people do want to use them, their effectiveness improves. He echoed the comments of many early adopters of wireless and pointed out that even in Germany there is nothing like 100% wireless coverage, and signals are lost. In fact PDAs are unreliable in big countries generally. The USA has poor connectivity of GPRS and WiFi (wireless fidelity) so PDAs are not an option there.

The Ratiopharm decision was therefore to opt for notebooks, internet access, using VPN (virtual private network) tunnels, fast communication lines, GPRS/UMTS (Universal Mobile Telecommunications System) (where it works), web-based systems (where useful and secure) and replicated systems. Ratiopharm decided against using PDAs, handhelds or tablets unless they are useful for representatives' visits to doctors' practices or hospitals, or for any other processes in which orders are not taken.

Continuing support is critical: choosing a vendor

Marc Leijten (Amgen) described Amgen's deployment of PDA applications in the field. The deployment had three key objectives:

1. To enhance specific aspects of the sales representative's job when they are out in the field, by improving access to customer data and related information such as historical activities.

2. To review information before the call and update information just after.

3. To increase effectiveness and efficiency, by making productive use of 'wait' time and reducing time spent on the laptop/desktop at the end of the day.

Amgen went through the same rigorous selection process as their competitors, looking for a reliable partner, scalability and flexibility, easy links into existing systems, and an integrated solution. They selected a vendor called Everypath. Everypath was a preferred partner of Siebel at the time Amgen made the selection, and offered the majority of the features required.

But no implementation runs completely smoothly. There were problems with the security software in combination with the selected device. It looked stable during testing and pilot, but as soon as we rolled out to a full country, the system became unstable after a week and needed to be repeatedly reset. Naturally, technophobic representatives became frustrated and usage fell. This took a month to fix. Then the device couldn't be switched off, which drained the battery, and usage fell again. Then, a few months later, the application vendor went out of business.

This illustrates one of the key difficulties: choosing a vendor. Small entrepreneurial companies very often don't have the resources to wait through the long appraisal time to be paid. That means that the pharmaceutical industry has to choose companies that will be there for the long haul, so the same names keep cropping up again and again. Standardisation on one or two solutions happens through a Darwinian process in which strong companies get stronger and smaller, more vulnerable ones simply can't cope.

The Amgen story was more successful with regard to other important issues. Synchronisation, for instance, depends on the speed of the CRM back-end, and careful fine-tuning meant that a 40-minute download was reduced to 5 minutes or less.

Is mobility (small devices) a solution? Leijten raised the question that many sceptics must have asked themselves: "Are mobile solutions like the company gym?" Usage at Amgen was around 50%. And lessons learned? It is not only about rolling out a good application: it is about the whole package (PDA, security, training, functionality, monitoring/support, repair/replace policies, etc.). The market is still immature, vendors disappear and devices get replaced, so continuing support is a critical issue.

Which device: a BlackBerry, or tablet or pocket PC?

BlackBerry

PDAs tend to dominate the list of the most popular devices. They are portable, relatively cheap and generally well supported in terms of software. But other

options are available. BlackBerry, for instance, which dominates the mobile email market, is now looking for fresh opportunities. Its great advantage is that it has a strong take-up among executives and so potentially has powerful sponsors.

Larry Bensadon and Oscar Castellano (RIM-BlackBerry Spain) led a workshop to consider how mobilising data through BlackBerry devices can improve the medical field. The success of BlackBerry is well known, but perhaps not its scale. The device is used by over 5 million BlackBerry subscribers worldwide. The hockey-stick style of growth is illustrated by the fact that it took 5 years for BlackBerry to sell their first million devices, 10 months to sell the second million and 6 months to sell the third million. This has built up one of the best-known brands in the world.

BlackBerry devices have also enjoyed considerable take-up among doctors. Research In Motion has been working with more than 500 independent software vendors around the world that develop BlackBerry applications to offer solutions beyond email. One of these applications is to provide a pen-based application in which ordinary handwriting is captured on special paper and then transmitted back through the pen to the BlackBerry and put into electronic format. The applications for representatives are not that obvious, although a company as resourceful as Research In Motion, which owns the BlackBerry brand, is bound to come up with something soon and is undoubtedly one to watch.

Pocket PCs

Pocket PCs are another option. These are intended to be hand-held devices offering the same functionality as a PC and able to run similar software but, as the name suggests, can be carried in your pocket. Howard Brodsly (Janssen-Cilag Israel) shared his experience of a successful deployment of pocket PCs which helped to increase sales efficiencies. In fact, appropriately enough, due to work commitments, Brodsly gave the presentation from his office in Israel, using a web conference application that performed pretty much faultlessly.

Preparation, as always, is the key, and Brodsly and his team set out to identify the offerings currently around. Beyond this, they wanted to establish the implications and benefits for the sales force, how solutions impact sales planning and how to improve idle or down time for representatives. They also wanted to find out whether pocket PCs increased the productivity of a sales representative, and to establish the best ways to ensure that representatives automatically synchronised pocket PCs. This was overlaid with personal experience about the local option that Janssen-Cilag Israel is using and the issues they have experienced.

Brodsly quoted a *Scrip* magazine article from November 2001, which said, presciently, "Ultimately, mobility and connectivity means having a sales force dealing with

customers and connecting them directly to the data that empowers them. Better and timely customer data used by motivated representatives, who share best practices, is the true basis of sales force effectiveness."

To achieve this motivation, the smart manager has to take into account the facts that sales people hate following prescribed processes and want to be with customers, not in the office. Moreover, they relish their individuality and freedom, thrive on creativity, live to close the deal, don't share information well and will do all they can to avoid anything that slows them down or gets in their way.

Interestingly, the company that appeared to offer the best solution was a local Israeli company, Reptor. Its mobile-based program allows representatives to record customer visits, to follow-up on their last visit and to summarise visits, and allows for a smarter follow-up of visits versus plan. Crucially, it allows managers to better understand the field, which customers are being visited and at what frequency, and the effectiveness of the sales representatives' visits. Reptor also enables managers to divide the market based on the number of customers in the target lists and their ABC priority, and allows the smooth transfer of customers from one representative to another when territory changes.

The Janssen system is now relatively mature at 3 years old. As well as the usual expected benefits of faster data, better planning and so on, Brodsly noted that better marketing material can be developed, because by capturing objections or problems, sales people can turn a negative into a positive. Similarly for setting sales incentives, the system eases the process of setting goals for the number of customers, usage and information entered into system, and then tying visits into results.

> *Using the pocket PCs, better marketing material can be developed, because by capturing objections or problems, sales people can turn a negative into a positive*

Tablet PCs

The third option available is a tablet PC, and two presentations illustrated how these powerful but originally problematic devices can help with sales effectiveness as well as the nuts and bolts of sales efficiency. Derek Pollock (Proscape Technologies) and Ruediger Dorn (Microsoft) looked at the business case for deploying tablet PCs to increase sales force impact and optimise the collaboration between sales and marketing functions.

Research shows that representatives with tablets in the USA are finding they spend more time with doctors, although the doctors' perception is that they are

spending less time with representatives, so the contact and the user experience is more engaging.

The problem with a PDA or a smart phone is that it really isn't designed for being viewed by two people. It's great for inputting information but it isn't suitable for demonstration. The other difficulty is that doctors are, like it or not, responsive to gadgets and technology generally, and a representative pulling out a paper-based detail is likely to be greeted with a yawn of boredom. It looks dull, it isn't interactive and it gives the doctor the impression he is being sold something. This is true in all cases of course, but the doctor doesn't need to be constantly reminded of it. Use of a tablet, however, signals that the representative and his/her company take doctors' time seriously and want to work with them to jointly solve medical problems, by providing information on demand to answer questions, and by being interactive.

> *Use of a tablet PC signals that the representative and his/her company take doctors' time seriously*

One interesting psychological technique by which to achieve this is to keep a record of the visits to the doctor so that when the representative goes to see him/her, the last call is automatically displayed on the screen, with relevant updates, so that the representative can, over a series of 5–10 minute visits, develop a dialogue which builds knowledge over time rather than just pushing the same old information. Figures suggest that, in the USA at least, bringing knowledge from head office to the doctor via the CRM and the tablet increases prescribing by 15%.

> *Software modules that as well as showing drug modes of action and medical data give a context to the representative/doctor conversation, encourage repeat visits*

Agnitio supplemented this hardware argument by demonstrating some of its eDetailing applications. Using Flash, which has been the standard development tool for multimedia on the web for a number of years now, Rikke Ebel Nielsen and Morten Hjelmsø (Agnito) constructed a case for tablets from the software point of view. The company builds software modules that as well as showing drug modes of action and medical data give a context to the representative/doctor conversation, which encourages repeat visits. These can include 'what-if' calculations about the application of overall trial results to the doctor's own patient population.

The increased engagement with the doctor stems from interactivity. The representative can show an outline of a presentation, ask the doctor which parts he/she would like to concentrate on, and then carry out the demonstration so that the meeting is productive. This, of course, whets the doctor's appetite for the rest of the information to be presented at future meetings and so makes a repeat visit more likely.

This contributes informally to doctors' continuing professional development, and the sense that they are wasting time seeing someone who just wants to sell something is significantly reduced. Giving doctors control of the agenda also makes them much more willing participants in the detail, more likely to remember key points about the product, and, although there is no hard evidence yet to support this, more likely to prescribe.

Conclusion

So what can a dispassionate reader take away from this report? Like generals always fighting the last war, the pharmaceutical industry is always left behind by technology. The PDA, the main device used by most companies, seems to be dying out as a tool of choice among consumers and corporates alike, and, more importantly, by their suppliers. The smart phone looks set to take over, merging the functionality of PDA with a mobile/cell/handyphone. But how long will that last, to be supplanted by some other smarter, faster device? The key surely is not to worry about devices, but about what they can do, and how well they can do it.

> *The key is not to worry about devices, but about what they can do, and how well they can do it*

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Available at: www.forrester.com (subscription only)

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Field Visits - Feared Assessment or Motivational Development?

A KeywordPharma **Improving** Practices review by **Allan M Mackintosh** Published January 2006

ThePharmYard product code kwp003   ISBN-13: 978-1-905676-01-9

Allan Mackintosh, a Training and Development Professional with over 23 years of experience in the pharmaceutical industry, outlines the essential aspects of a productive and motivational field visit for medical sales managers and representatives.

Executive summary

Field visits occupy around 80% of a sales manager's time. The benefits to sales executives, managers and organisations in general are significant, yet the value of such visits is often questioned. The key to their success lies in how they are undertaken.

Lack of structure is a major factor in many of the poorest field visits. This leads to an absence of focus and, inevitably, a lack of action and development for the sales executive. This ultimately demotivates both parties. Managers must possess the necessary skills to ensure the field visit structure produces motivation, results and ongoing development.

A manager requires basic skill-sets to conduct effective field visits. The ability to build trust, rapport and respect is an essential ingredient for every good sales manager. The manager also needs to be able to contract the working relationship, to coach and to motivate an employee. Giving constructive and appropriate feedback is critical to the process.

Field visits provide support and advice for sales executives, assessment and relationship-building opportunities for sales management, and improve productivity for organisations.

This review outlines the essential aspects of a productive and motivational field visit.

Contents

- Introduction
- About the author
- Why are you doing field visits?
- Structuring the field visit
- Essential skills for effective field visits
- Conclusion
- References
- Further reading

About the author

Allan Mackintosh is a Training and Development Professional with over 23 years of experience in industry. The years he spent in the pharmaceutical industry have given him experience as a sales executive, sales manager, sales coach and trainer. He latterly spent 6 years working as a Manager/Development Coach with GlaxoWellcome and GlaxoSmithKline, before branching out to form his own management coaching business in 2001. His last industry role involved coaching top-flight sales executives, first-line and senior managers, and providing support to enable them to identify and achieve their business objectives. Particular emphasis was placed on supporting new managers who had been promoted to management from the sales function.

In May 2001, Allan founded Performance Management Coaching Scotland to promote the skill of coaching in management, and to enable and support managers to become great coaches in the workplace. Since starting Performance Management Coaching, Allan has steadily grown 'The Coaching Manager' brand and it now covers a book and three unique coaching models, in addition to an e-zine, e-book and several structured courses; details are available from his website www.pmcscotland.com

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Edited by Paul Higham and Peter D Stonier

Published by Euromed Communications

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