CHAPTER FOUR: e-PROFILING & e-DETAILING

This chapter includes a comprehensive literature study on e-Profiling and e-Detailing. The literature study elaborates on how e-Profiling and e-Detailing has evolved, how they differ from traditional methods, and the advantages and disadvantages of each. Based on a review of four different publications, 15 steps to e-Profiling / e-Detailing success have also been identified and included.

4.1 THE CONTEXT IN WHICH e-PROFILING HAS EVOLVED

Traditionally, pharmaceutical sales reps would capture information about a customer's practice type, practice size, patient demographics, pharmaceutical brand preferences / loyalties and areas of academic interest, which would be collectively used to better understand target customer segments and develop strategies to rapidly build brand equity within these segments. Pharmaceutical reps limited by fewer calls and time restrictions, are finding it increasingly difficult to profile their physicians in this way. They also find themselves compelled to categorise their physicians according to accessibility rather than their business potential. E-Profiling may now offer MSD and other pharmaceutical companies, advantages in this regard.

Essentially any e-Marketing initiative which incorporates a facility for user identification can also be geared to access additional customer-level information and, therefore, an opportunity for e-Profiling (Chaffey, 2001:2). Pharmaceutical marketers are able to access and gather this kind of critical information directly from physicians whilst they are online; using e-questionnaires, self-qualifying surveys and incentives. Web-analytics may also deliver key metrics on web activity that will allow pharmaceutical marketers the opportunity to better understand their physician's needs, beliefs and behaviour and enable them to focus on critical success factors that drive the marketing strategy (Chaffey, 2004:3). Karen Jacobs, e-marketing leader at AstraZeneca, says: "e-profiling, lends itself well to cost-effective data capture and is the key to building a deeper, more responsive relationship with healthcare professionals" (in Hosken, 2005:1).
4.2 THE CONTEXT IN WHICH e-DETAILING HAS EVOLVED

Pharmaceutical reps limited by fewer calls and time restrictions, deliver incomplete messages and seldom succeed in differentiating their product from the competitor's. These issues and others have been elaborated on in earlier sections of this report. e-Detailing which is essentially "detailing" done online, may however, offer pharmaceutical marketers an opportunity to leverage multi-channel synergies and overcome the barriers to traditional detailing and complement the sales force.

Figure 4.1: Multi-channel synergies in the Pharmaceutical Industry

![Multi-channel synergies in the Pharmaceutical Industry](image)

(Source: Burgess, 2005)

e-Detailing is after all, the digital equivalent of the pharmaceutical sales rep detail, using internet enabled technology in the sales detailing process to supplement and reinforce other offline promotional and sales efforts. e-Detailing solutions vary in terms of their interactivity, from those that provide relatively static product information online, to those that involve physicians in 2-way virtual details. Hauben, the former e-Business Director at Aventis, identified 4 established e-Detailing solutions that have been focused on by European and US providers (in Schmukler & Mack, 2005A:1). They are:
• Virtual Detailing (Web or CD-based self-guided informational programs, with no live detailing)
• Video Detailing - Online live detailing requiring PCs with internet access, sound card and microphone / phone assistance
• Online Events – Online CME, seminars and web-conferencing
• Other electronic activities – Interactive Voice Response Detailing with scripted detailing based on the telephone with spoken and key entry communications, e-mail, mobile SMS, mobile MMS

4.3 e-DETAILING VERSUS TRADITIONAL DETAILING

4.3.1 “Push versus Pull”

Bernewitz (2001:4) suggests that traditional detailing is essentially a “push” model, with the sales rep driving the process, pushing the “features and benefits” of their products on the physician; while e-Detailing is a ‘pull” model, where the physician is motivated to act independently and to participate in the information transaction – See figure 4.2 below.

![Figure 4.2: The spectrum of communication options](image-url)

(Source: Bernewitz, 2001:4)
4.3.2 “Efficiency versus Effectiveness”

Bernewitz (2001:5) also suggests that effectiveness, which is the impact per customer contact, increases proportionally with the degree of personal interaction and therefore traditional detailing is considered more effective than e-Detailing. However, efficiency, which is expressed as the cost per interaction is usually higher when personal interaction is reduced and therefore traditional detailing is considered to be less efficient than e-Detailing. And in the middle of it all, content control is highest when personal interaction is high and vice versa. Content control is imperative when a company needs to control information e.g. when a product is in its launch phase.

Figure 4.3: The spectrum of trade-offs

(Source: Bernewitz, 2001:5)

4.3.3 Customer Segmentation

Bernewitz (2001:6) also points out that different customer segments require different levels of personal interaction, content control and efficiency/effectiveness. For a high potential - high prescribing physician, the
company's priority would be to protect their existing business with effective face-to-face detailing and personal interaction. However, high returns in this segment could justify the use of e-Detailing to complement the sales rep's activities and maintain "top-of-mind" awareness. The best strategy for this customer segment would therefore be an emphasis on face-to-face effective promotion (to counter competitive messaging) and complementary e-Detailing, with the company reducing their control over some of the information content. With a high potential low prescribing physician, on the other hand, relationship building is key. Here a company would normally require an approach that involves high personal interaction with high content control. However, the reality is that access is usually the limiting factor in this customer segment. The best strategy for this customer segment would therefore be an equal emphasis on e-Detailing, to increase the reach and frequency of the promotional message, and face-to-face promotion to precisely position products versus competitor products already being used. Finally a low potential high prescribing physician would most likely require more efficient promotion, with less personal interaction and less content control. Here an emphasis on e-promotion strategies will be enough to secure continued support.

Figure 4.4: Customer Segmentation

<table>
<thead>
<tr>
<th>Sales</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential High</td>
<td>Effectiveness</td>
<td>Access</td>
</tr>
<tr>
<td>Potential Low</td>
<td>Efficiency</td>
<td>Pulse Check</td>
</tr>
</tbody>
</table>

(Source: Bernewitz, 2001:5)
4.3.4 Product Life Cycles

Bernewitz (2001:5) also advises that both the marketing objectives and the motivating factors that drive physician decision-making, should change over the course of a product’s life-cycle and that for these reasons the product’s position in its life-cycle should be considered when deciding on how much emphasis to place on e-Detailing.

Before and just into the launch phase, very little is known about the product and the physician will most likely base his interest on the trust he has in the company or the rep. These are emotional factors and would therefore suggest that at this point in the life-cycle of a product, rep interaction be emphasised with e-Promotion playing a more supportive roll (complimentary). A few months into the launch, as more and more studies become available and knowledge about the product is increased, prescription decisions become fact based and rational. Here more emphasis should be placed on alternative promotional efforts like e-promotion to compliment the sales force. At or after maturity, when newer, enhanced products become available physicians will continue to prescribe the older product because they trust them and, of course, because by then they have developed good relationships with the respective company and its representatives. Thus, at this stage emotion-based, relationship-based decision making comes back into play and again it is suggested that face-to-face promotion be emphasised.

E-promotion works best when the content of the e-promotion is information rich, communicated with graphs and animation; and according to Bernewitz (2001:6), the best life cycle stage may be after launch and in the growth phase when the company is anchoring key messages and supports these messages with facts and information. Here, a hybrid model with more e-Detailing emphasis is needed rather than a total replacement of traditional rep effort. See Figure 4.5 below.
Bernewitz (2001:6) argues that marketing managers must therefore keep customer segmentation and product life cycle factors in mind when deciding on how much emphasis to place on e-Promotion / e-Detailing.

Correspondingly, most pharmaceutical marketers now believe that the ideal is an integrated hybrid model with focus on both traditional detailing and e-Detailing efforts, but at varying degrees of emphasis, across all customer segments and at all stages of the lifecycle, which calls for a true multi-channel marketing approach that plays to the strengths of each medium (Jacobs, in Hosken, 2005:1).

4.4 THE BENEFITS OF e-Detailing, IF EXECUTED EFFECTIVELY:

Heutschi & Legner (2003:268), suggest that if properly executed, e-Detailing should:

- reach a large number of physicians faster (greater speed of information flow)
- increase the reach and frequency of the promotional message over time
• expose physicians to higher quality and more interactive promotional and educational messages (greater depth of information)
• provide higher customer acceptance and openness towards the content communicated – by giving doctors greater control over the time, place and content of the detail and allowing them a more active role in obtaining the information that interests them
• provide synergistic effects for conventional detailing – where sales reps can better prepare themselves for their visits to doctors by accessing physician level feedback gained from e-Detailing efforts – where e-Detailing can fill the detailing gap that exists during intervals between conventional sales calls on targets (reaching difficult-to-see physicians)
• provides useful market research (physician-level data feedback)
• enhance relationships with physicians
• offer paperless cost-efficient marketing campaigns - available through new communication channels and converging technologies
• lower detail costs – with a reduction in rep travel, waiting time, and in part, personnel expenses

4.5 THE PROPOSED COST-REACH-RICHNESS MODEL

Figure 4.6: Proposed e-Detailing Benefit Model (Cost-Reach-Richness)

(Source: Burgess, 2005)
The proposal: In the past, less costly marketing initiatives often lacked "rich and interactive" promotional value and the power to reach a large number of physicians quickly. Now, with the advent of internet enabled technologies, pharmaceutical marketers can leverage multi-channel synergies of e-Detailing to deliver very "rich and interactive" messaging, with the power to reach large numbers of physicians quickly and at relatively lower cost – see figure 4.6.

4.6 CHALLENGES THAT EXIST IN THE NEAR-TERM, FOR e-PROFILING AND e-DETAILING

4.6.1 Reduction in absolute marketing costs

According to Armstrong (in Heutschi & Legner, 2003:270), electronic e-Detailing channels are not expected to replace conventional detailing in the near future. Neither physicians nor pharmaceutical companies want to go without face-to-face contact and therefore, e-Detailing activities and costs are expected to run alongside traditional marketing activities and costs. Contrary to ambitious expectations, e-Detailing will more likely burden the marketing budget in the short term rather than reduce it, although this is certain to change over the long term.

4.6.2 Internal Scepticism and Resistance

Bates (in Heutschi & Legner, 2003:270) also points out that internal scepticism and resistance will often haunt attempts to leverage e-Profiling and e-Detailing. He suggests that fears related to thoughts of job losses or unwelcome changes in working practices can cause resistance to new solutions like these and may even lead to conscious or sub-conscious hindering and sabotage.

4.6.3 Mistrust of information

According to Forrester Research (in Heutschi & Legner, 2003:271), company-owned pharmaceutical web sites rank bottom of the list of information sources
used by physicians. Information provided by the companies is often regarded as biased and exaggerated and for this reason they regard it with scepticism. As a result the use of independent sites for e-Detailing may be the logical solution to this dilemma.

4.6.4 e-Service Providers

Boehm (2001:2) suggests that because providers of e-Profiling / e-Detailing solutions and platforms are concentrated in Europe, companies wishing to use e-Detailing in countries outside of Europe, must prepare themselves for linguistic and cultural differences that may interrupt planning and implementation. SA pharmaceutical marketers using European e-Detailing service providers will also need to prepare budgets in Euro terms. Considering Rand/EURO exchange trends, using European service providers could turn out to be very expensive.

4.6.5 Legal restrictions

Statutory requirements and the industry’s marketing code of good practice will often raise barriers:

- medico-legal content approval and peer review
- the legality of e-Detailing incentives
- data protection - copyright issues

4.7 WAYS TO OPTIMISE E-PROFILING AND E-DETAILING SUCCESS AND ROI

It is not enough to simply translate sales messages into a virtual format and expect success to happen. Research suggests that e-Profiling and e-Detailing success lies in strategic planning and execution. Based on reviews done by Chaffey (2004:5), Heutschi & Legner (2003:272), Mack (2005A:1) and Schmukler & Mack (2005B:2); the following 15 steps to e-Detailing success have been identified.
In the planning and development phases:

- Determine which products are suitable for this form of marketing – with consideration also for their respective position in the product life-cycle
- Determine ways to acquire and update physician information (e-Profiling) – with consideration for which web-analytics will be used
- Determine which physician segments should be targeted using this information – with consideration for business potential but also their e-responsiveness
- Determine how to attract your target physicians and increase web-traffic – with consideration for their needs and preferences; and consideration for the local marketing code and statutory restrictions
- Develop strategies for integrating e-Detailing with the sales force – with consideration for field force activities and online and offline promotional message synergies (multi-channels opportunities) that exist.
- Develop promotional messages and educational content that is both relevant, compelling, medico-legally approved and possibly accredited (find the promotional hooks and use them if you can).
- Design / purchase (or both) and then implement the technical application – with careful consideration of the opportunity costs relating to development versus outsourcing.
- Integrate value-added e-tools, useful resources and links into the e-Detailing workshop that have the potential to lock-in physicians (find the value-added hooks and use them).
- Integrate authentication, e-Profiling, analytics and access to data points, promotional messaging, customer feedback and market research surveys; and customer support mechanisms into your design.
- Employ viral marketing techniques that will encourage physicians to send information / links to other physicians they know. In this way one can expand their parameters of influence.
- Centralise platforms in order to achieve economies of scale and therefore greater cost control.

In the implementation phase:
• Reduce fears and resistance of the sales force early on – obtain their buy-in and their aligned commitment to the integrated hybrid strategy
• Recruit physicians through exciting and intelligent invitations – using mail, e-mail, sales force and telephone
• Engage and involve physicians as much as possible – remembering that 2-way communication is a key success factor.
• Provide online reporting and continuous support – helpdesks are preferred.

According to Croom, (in Schmukler & Mack, 2005B:3), pharmaceutical companies must always focus all their e-Detailing efforts around value creation for the company and the physician. For the company value lies in:
• Improved brand awareness and loyalty
• Improved sales and cost efficiencies
• Improved CRM and market research
While for the physician, the value proposition would relate to the following:
• Brand experience and improvement in practice efficiencies
• CME & improved patient outcomes

4.8 The e-Profiling / e-Detailing Strategy Propositions

Figure 4.7: Integrating e-Profiling and e-Detailing with Sales Force

(Source: Burgess, 2005)
Strategy Propositions: Branded online e-Proﬁling and e-Detailing activities correlate to:

- More accurate targeting strategies
- Increased reach and frequency of the promotional message
- Changes in attitudes and beliefs on pharmacotherapy and brand choice
- Prescribing of MSD brands (behavioural) and sustained efficiencies in conventional product detailing by the sales force – see ﬁgure 4.7.

4.9 CHAPTER SUMMARY

Based on a literature review it would seem that there is consensus. Pharmaceutical marketers who have ﬁrst hand experience with e-Detailing tend to agree that the ideal is an integrated hybrid model with focus on both traditional detailing and e-Detailing efforts, but at varying degrees of emphasis, depending on customer segmentation and product life cycle factors. Most pharmaceutical marketers who have ﬁrst hand experience with e-Detailing also tend to agree on its potential beneﬁts. If targeted appropriately and executed properly, e-Detailing is expected to:

- increase the reach and frequency of the promotional message
- expose physicians to higher quality and more interactive promotional messages
- provide higher customer acceptance
- provide synergistic effects for conventional detailing
- provide useful market research
- enhance relationships with physicians
- offer paperless cost-efﬁcient marketing campaigns and lower detail costs

To ensure e-Detailing success, one must focus on ways to:

- integrate online and off-line promotional message synergies
- ensure support from the sales force
- create both customer and company value (value propositions)