pharma marketers can: improve marketing efficiencies, expand the market, and grow and maintain market share. By making online sampling a key component of a brand's strategic operations, pharma companies can minimize brand cannibalization; optimize sample distribution levels to limit sampling waste; free up detailing capacity among loyal, low-maintenance physicians; and improve e-detailing response rates for maximum educational and revenue impact. Through e-sampling, pharma

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In 2006, sales-training executives will rely on pure e-based sales training to delivery much of the entire knowledge component of product and disease-state specific information.

marketers can bypass geographical limitations that currently exist to reach typically noncovered physicians in remote locations or tradition-

SOLUTIONS TIED TO REFERENCES DRIVE INCREASED DETAILING TIME

New pharmaceutical marketing program strategies, such as e-detailing, are changing the pharma industry's marketing landscape, according to a new survey by Skyscape Inc.

"The marketing advantages of new online and mobile technologies - PDAs, Smart phones, Webinars, Websites - are becoming more and more apparent to pharmaceutical marketers," says John Ryder, VP at Skyscape. "In addition, the ROI from deploying these evolving technologies is gaining value and substance."

An incentive that is medically relevant and in demand by physicians plays an important role in making these strategies successful by encouraging physicians to find the time to participate.

Mr. Ryder cites results indicating that pharmaceutical sales reps offering physicians a PDA solution tied to trusted medical content increased their detailing time, improved relationships with their physician contacts, and increased overall productivity. According to the study, 62% of the responding sales reps increased detailing time from 5 minutes to 10 minutes, and 58% reported five or more extra contacts. In addition, 77% reported improved access to physicians.

"These results are remarkable and very, very compelling," Mr. Ryder says. "They show a positive return on investment for pharma companies that deploy PDA solutions, demonstrating the value of a PDA program for additional contacts and more time in front of the physician."

When something of value is offered to physicians, such as medical references that can be downloaded to the physician's PDA, it gets the physicians' attention and encourages participation in an e-detailing program or Webinar.



While incentives are valuable, the OIG (Office of Inspector General) and PhRMA guidelines have lim-

ited their scope, PDA references are medically relevant and are PhRMA and OIG compliant.

In addition, he says studies show PDA usage is rising among physicians.

"By accessing medical references at the point of care, practitioners are reducing medical errors and improving the quality of patient care," Mr. Ryder says. "Providing the latest edition of a valued medical reference a month before it comes out may encourage the physician to participate in an e-detail."

Mr. Ryder says the value of a Webinar or edetailing session is in its content.

"If the program fails to offer something that is compelling or timely or valuable to the physician, then the pharmaceutical company is wasting its money on incentives," he says. "The incentive encourages physician participation by offsetting their time with some form of value, but it must have the content."

Source: Skyscape Inc., Marlborough, Mass. For more information, visit skyscape.com.

ally vacant territories. Online sampling enable pharma companies to maintain rever among lost coverage prescribers; increase enue among no-see physicians; hold a share prescribing among hard-to-see physicians, N and PAs; and accelerate time to market by d ing deeper and faster into the target audie when launching new brands.

DELOACH. Many large pharmaceutical on nizations are learning from smaller pharmace tical and biopharmaceutical companies have had to create a structure that would all them to compete with larger organizari without competing at the share-of-voice level believe that the companies that have been a cessful in this area have focused on a custom focused model. In this model, the object is a share-of-voice but value-added services by sales representative. Many companies strived to create a value-added model, but many cases, with multiple representatives of ing on one physician, true ownership of office is very gray. If an office has five to see representatives from one office calling on office, who should the office call with on tions? In the customer-focused model the one sales representative responsible for office, and that representative is responsible any questions or issues that arise in the off This could include a variety of situation including but not limited to: product inquir insurance or reimbursement questions, upda on current clinical studies not currently lished, and a variety of other issues. With t model, the office relies on the sales represent tive who becomes the expert for the compa not just a product. Physicians and office a begin to appreciate the services that this indiual provides and thus begin to realize the that this individual brings to the office. There a variety of advantages to the customer-from model. This model will bring the communication