

Pharma's New Data Rep



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“Reps are now part of a multimedia messaging vehicle... They're the most expensive and most effective type of advertising.”

**Chris Gish, Sunovion
Pharmaceuticals**

The Evolution of the Sales Rep

Seismic changes to the healthcare environment and reimbursement practices, coupled with ever-increasing technological advances, are changing the way sales representatives operate. The sales rep of today – and of tomorrow – needs to be more nimble and astute than ever, adapting to both a shape-shifting environment and the increasingly complex, data-centric information needs of customers.

“Healthcare is going through an amazing transformation, and our business model, which has inherently focused on high volume, ‘get access and make as much noise as you possibly can,’ will not be relevant going forward,” says Tim Kneen, Executive President, Europe & Canada, at Merck.

“Up to a decade ago, the pharma sales model was based on large, monolithic salesforces, which had the task of seeing as many doctors as possible and delivering promotional material on products. That spray-paint strategy has fundamentally shifted and you've got multiple stakeholders involved in treatment decisions – patients, payers with quotas, tenders and government legislation on reimbursement. This has had a massive impact on our Commercial and Medical structure.”

For Carlos Sosa, Director of Global Sales Operations Excellence at Almirall, stricter compliance, reduced access to healthcare professionals and the rise of digital have all changed the environment that reps work in. “There are stricter rules on what we can and can't do, and therefore we need to be very careful with compliance,” he says. “Access to physicians is getting more and more difficult, as has been the case for many years now, as well as access in terms of getting your drugs into the market.”

The evolution has gone beyond reimbursement, says Paul Williams, SVP, Sales and Marketing – Women's Health, at AMAG Pharmaceuticals. He cites the Parke-Davis settlement around the False Claims Act and the separation of Medical Affairs from Commercial. “This elevated a different level of expectation in terms of what promotion is and what is considered appropriate. The environment that exists today is different and certainly requires sales reps to evolve and be sharper on their message.”

There are two notable changes to the rep's role, says Chris Gish, VP Sales US, at Sunovion Pharmaceuticals. “First and foremost, reps used to be much more focused on gathering facts from a variety of sources and places. Customers often knew the facts better, and reps wanted to make the best case about the potential for the client to consider their product. Now the industry is much more consultative and patient-oriented, with today's reps possessing in-depth knowledge of the landscape in addition to a particular product. Reps are now part of the solution to help physician with information they need in order to consider a treatment or delivery option for the right patient at the right time,” says Gish.

The second significant change Gish has observed is that the sales rep is no longer the sole point of contact for the customer. “Ten years ago, when digital communications and other ways to communicate with customers were being introduced, these methods were almost seen as competing with the sales rep – you had to do one or the other. We've evolved to have a circle around the customer – digital advertising, email campaigns, other types of non-personal promotional, the sales rep, maybe a telephone rep – all working together to provide information where and when the customer needs it.

“Ultimately, due to a proliferation of multimedia vehicles, it is imperative that reps understand

“Salespeople have to be sophisticated, with business acumen, drive and agility, and able to work in ambiguity.”

Jay Graves, Roche Diabetes Care

how and when to communicate with customers in the right way at the right time. With their deep expertise, sales reps can be the most effective type of communication the industry has in the medical space,” he says.

“Hospital systems are evolving and becoming much more prominent and central to care, so we have account directors working in those areas and closely on the ground with the reps. For example, the sales force works collaboratively with other commercial colleagues, such as managed markets that focus on the healthcare systems,” says Gish.

It is no longer enough to make your calls, drop samples and watch the prescriptions arrive, and speaking to a physician is simply the first step in a multi-step process involving multiple stakeholders, from reimbursement specialists to nurse practitioners. And all require personalized approaches and information, says Jay Graves, VP Sales at Roche Diabetes Care.

“Fifteen years ago, it was about building relationships and delivering a message,” he says. “You were told what pages to read off for your detail piece for that month. We’ve evolved away from that to a representative you can trust with business decisions. Salespeople have to be sophisticated, with business acumen, drive and agility, and able to work in ambiguity.”

Greater market complexity has driven the development of other customer-facing roles, from medical science liaisons (MSLs) through to virtual reps working from call centers. “With the increasing number of stakeholders involved in the decision-making process, commercial roles have multiplied and diversified by necessity, with traditional back-office roles becoming much more customer-facing,” says Merck’s Kneen. “You’ve got nurses with patients, you’ve got MSLs, Medical Affairs and sales reps with doctors and nurses, market access and payers, government affairs with politicians.”

“Other customer facing roles are increasing in importance,” agrees Almirall’s Sosa. “We believe that the MSL is an especially important role for us, as well as what we call customer relations roles.” A strict line divides MSLs from the salesforce, but these field-based Medical teams are able to engage in deeper clinical conversations within the regulatory framework than commercial staff are permitted.

“Sales reps have to know more about their customers’ business than they’ve ever known before so that they can tailor solutions to meet the needs within that particular environment.”

David Fortanbary, UCB

Shifting Customer Expectations

In part, the new sales rep model is being driven by a tangible change in customer expectations and a broadening of the stakeholder base. With once-scant information available at the click of a button, healthcare professionals are increasingly demanding greater complexity and more specialized material from their interactions with reps.

“There’s so much information available to our stakeholders; where does a sales representative bring that differentiated value proposition?” asks David Fortanbary, Senior Director, US Performance Training, at UCB. “In the past, we simply indicated our products’ features and benefits, but it’s much more complicated today. Sales reps have to know more about their customers’ business than they’ve ever known before so that they can tailor solutions to meet the needs within that particular environment.”

“Customers used to want to know that the product worked, and didn’t have a lot of side effects,” says Sunovion’s Gish. “Now they want to know the value story, and the ‘why’ is much more complicated. They want to know who is evaluating the value and whether the product is going to impact their income in terms of withholds and incentives that they get.”

In a world where customers have all the information they need, the role of the rep should be to assess how to use this material to benefit their patients, says Gonzalo Rodriguez Arnaiz, Region Europe Sales Excellence Head at Novartis Pharmaceuticals. “The rep should move from pushing to pulling, aiming to be like a customer coach or advisor. Instead of focusing on selling, they need to focus on solving the customer’s problem, solving a patient health issue.”

“Research shows that healthcare professionals want clear, objective, unbiased content,” adds Jennifer Grech, Head of Commercial Excellence at Mylan Australia. “The research tells us that HCPs don’t trust what pharma companies provide – as good as the content might be, it appears that there will always be an element of doubt that it’s biased. But, if they are interested in what our offering is, HCPs want easily accessible content at their fingertips. Their driver to connect is scientific content, and, through the delivery of this, we have an opportunity to build credibility and trust.”

Reps must also do more in less time, says AMAG’s Williams. “When a sales rep has an opportunity to be in front of a physician, they really need to be on their game. A physician’s time is at such a premium that, if they’re giving you time, you need to bring something – a new drug, new study or something novel from an educational standpoint.”

Roche’s Graves agrees. “Only a couple of years ago, doctors in the US would see an average of 25 patients a day. Now, it’s not uncommon to talk to HCPs who have to see 40-plus patients a day. They don’t have the time they used to, so you have to bring incredible, incredible value.”

It is also vital to look at the provider’s office holistically, he says. “When I was a pharma rep, it was all about getting past the person at the front and reaching the doctor. But now, doctors, because of their schedules, direct reps to nurses, medical practitioners and assistants, so you have to really understand the flow in that particular office and who the true stakeholders are.”

What’s more, the physician is not always the sole decision-maker, says Gish. “We find that successful reps are not just walking into a building and only talking to three people who happen to be doctors. They’re talking to reimbursement specialists or people who enable or support the physician – we refer to that as a ‘total office call!’”

Individualization is the order of the day, combining experiences gathered in the field with

data from interactions across platforms to tailor the approach to the needs of each customer. “A fully customer-centric approach means we need to move from a push strategy to a pull strategy,” says Céline Genty, VP, Customer Excellence EMEA, at Janssen. “The world where we give one single message to all customers in the same way should be behind us.”

For Williams, it's crucial “to meet physicians where they are,” noting that this varies widely. “Some still value having that direct exchange with a sales rep, some like to get information from different places and piece it together. Others are more interested in getting educated from a peer standpoint, with some really relying on congresses, speaker programs and advisory boards, and so are less reliant on a rep.”

As for delivering these needs, pharma has a way to go. “It is clear that, as an industry, we are struggling with customer needs,” says Novartis' Arnaiz. “We are starting to move in the right direction, but customers are moving faster than us. We are behind because the old model of pushing is working less and less, but because it is still working there is a reluctance to change.”

Effective communication can prove a challenge, says Gish. “We do the best job we can in compliance with all regulatory guidelines, and we're getting better and better at presenting one conversation to the customer rather than different parts of the organization talking to the customer.”

“I recall one healthcare professional saying, ‘I don’t need a pharma company to tell me about my patients, I see them every day. I want you to listen to what my challenges are and find the right solutions.’”

Jennifer Grech, Mylan

Patient-Centric Reps

As a more customer-centric viewpoint comes to the fore, the focus on patients is proving to be as relevant to commercial teams as it is to Medical colleagues.

“Patient-centricity is something a lot of people talk about,” says Sunovion’s Gish. “We believe that if we can get reps to think about patients first, everything follows from there. It helps us to be on the same page as the customer, because being patient-centric about what our product can really do for a patient can often help the physician make a value judgement.”

However, pharma doesn’t always correctly predict what customers want, says Mylan’s Grech. “I sometimes wonder if we are aligned with what customers’ want. We are all moving to be more patient-centric and changing our promotional approach to start with patient profiles. However, I recall one healthcare professional telling a team member, ‘I don’t need a pharma company to tell me about my patients, I see them every day. I want you to listen to what my challenges are and support me in finding the right solutions.’”

“It comes down to finding insights to drive the development of really compelling content and opening up a dialogue that’s interesting to them, which also opens up the opportunity to say, ‘we have a solution for that,’ if it’s the right patient.”

Portfolio-selling reps take a patient-centric approach at Mylan Australia, using a patient profile as a starting block to look at the challenges healthcare professionals are having with such patients, before exploring how products from our broad portfolio could help achieve desired patient outcomes. “Sometimes this approach works, and other times we need to work backwards to the patient profile. The two-way conversation really guides the content presented.”

Healthcare professionals are increasingly likely to ask reps for patient-centric information, says Gish. “Physicians are often looking for the associated benefits from your product. They want to know what the practical impacts are.” For example, a Sunovion product for chronic obstructive pulmonary disease has details from the St. George’s Respiratory Questionnaire, a quality-of-life scale for patients with airway obstruction diseases. “This indicates the impact that the disease and treatment can have on health-related quality of life. Physicians find that extremely helpful and, in many cases, more helpful than the clinical outcomes in trials. They also like information about readmission rates and the impact on other parts of the healthcare system.”

But they also want to understand the drug, adds AMAG’s Williams. “They will say, ‘Talk to me about the patients that were in that study, what’s in your label, how do I translate that and make a treatment decision?’”

Healthcare decision-makers are also likely to enquire about programs the company is putting in place to support patients beyond treatment, from 24/7 online nursing, through to hotlines to call with insurance queries, says Williams. “They want to know whether your company is supporting patient groups, and where are you in terms of investing and supporting future research in these particular areas. That’s a level of credibility as an organization you have to show up with.”

A focus on patient can also be of great personal importance to the field force. “Sales reps need to have patient-centric messaging, and we need patient profiles in our resources to help us and our customers identify where our solutions best meet needs in the healthcare continuum, and we do, but I think it goes further than that,” says UCB’s Fortanbary. “It’s understanding your

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**Paul Williams, AMAG
Pharmaceuticals**

personal ‘why’. Why is it important to get up every day and do the work that you do? It’s that internal drive that only comes from understanding your purpose, and that’s to accelerate the value we bring to patients.”

Patient-centricity has even been partially incentivized at Roche, says Graves, although salespeople compete to attend diabetes camps, headquarters-based personnel also spend time at camps and in accounts that are at the frontline of the diabetes epidemic, witnessing diagnoses, treatment and healthcare practice.

“It touches your heart when you see a three-year-old diagnosed with type 1 diabetes,” he says. “So, we don’t do just day-in-the-life training; we help reps to understand what the physician and family are going through. Our staff are incredibly empathetic; their drive isn’t, ‘I’ve got to make this much money or this many calls a day,’ rather, ‘When I hit my metrics, I’m helping people’s lives.”

Williams agrees. “In my experience, it starts and ends with the patient. Whether it’s saving a life or changing the course of families, that’s a big deal. The people that anchor to that are the most successful – they spend time on patient blogs, they sit in patient support groups and have a connection there. They’re not doing that as a means to an end, they are actually invested in the patients that their company’s products support. They are grounded in experience from attending these groups and going on the blogs, and they connect with the physician when they start talking about patients.”

Patients are the “critical success factor of the future,” says Fortanbary. “We have to be more aligned around patients, and not just us, but our customers as well. Reimbursement, quality measures, patient satisfaction and costs have to be considered, which create a layer of complexity that has the potential to derail us from doing what’s right for patients.

“Patients are empowered now, and we have to see things through their eyes and the lens of their journey. As long as we keep that as our North Star, then we’re going to be in a good place,” he says.

Digital Disruption and Multichannel Management

With pharma now engaging customers across multiple channels – harnessing digital developments from WhatsApp through to virtual reps – where does that leave the role of the field rep?

“We still believe that the field force is the most effective way of reaching our customers,” says Almirall’s Sosa. “We would use face-to-face contact to promote products to the most valuable customers, and then we would use, perhaps, other channels for more mature products. Technology is significantly expanding the opportunities you have to reach your customer, and it is definitely a way of improving access to certain physicians.”

Customers still value one-on-one contact, says AMAG’s Williams. “There is almost an expectation that you are going to provide that face-to-face resource. The challenge for us is where to put that premium-priced investment; the numbers really need to line up to determine how many sales reps you want to put out there, and who you want to direct them to.”

The most appropriate channel may vary depending on what stage of the promotional lifecycle you are at, says Sunovion’s Gish, but face-to-face continues to offer the best financial value. “It is the most expensive type of communication with the customer, but it has the highest return on investment from an incremental revenue perspective. I see people getting very excited about a return on investment figure for a digital medium of six- or seven-to-one, but when you ask the incremental revenue that goes with that high ratio, it is clear that they don’t cost a lot but they don’t make a lot.”

People like dealing with people, adds UCB’s Fortanbary. “My belief is that nothing will ever replace that one-on-one engagement, but clearly multichannel is playing a role, as are digital solutions. Healthcare providers and decision-makers, just like the rest of the world, are heavily dependent on digital assets for information, and that’s certainly going to be a means to engage with our customers moving forwards.”

Leveraging digital – from email and mobile contact through to web interfaces, electronic health records and deep analytics tools – offers new ways to experiment with engaging customers and analyze their success, with reps themselves using different means of reaching their customers, including WhatsApp groups and mailing.

“We use digital to complement or augment where a rep is not,” says Williams. “With those engaged through digital platforms, you can make rapid and clear assessments. If a channel is working, you can pour gas on the fire, if one isn’t connecting, you can move resources to another. At the same time, digital offers a nice flexibility to adjust your message to the customer in real time. You just need to understand which segments of your customers are digitally engaged and which are not.”

Digital can transform the pharma industry, believes Janssen’s Genty. “We can use digital to proactively reinvent the way we interact with our customers. You cannot count on the quality of the relationship anymore; it’s about the quality of the content and finding the right channel for each specific customer. If your content is not good, they will not read your email, or they will even unsubscribe because you are pushing too much.”

Moreover, digital is not static and so allows room for experimentation and growth. “It’s a constant journey, so don’t think you’ll do it once every three years and you’re done, because your customers are changing, and that’s the beauty of it.”

“The rep role is changing to be a curator of content.”

Jennifer Grech, Mylan

Pharma is harnessing a wide range of techniques, including emerging technologies like wearable devices and remote detailing. For example, Roche is experimenting with a virtual rep experience. “The field sales rep can only handle a certain number of accounts, and with the diabetes epidemic being so vast, we wanted to ensure any HCP wanting support could have a live virtual representative who can provide them with assistance and high service levels,” says Graves. “All indications so far are that they are moving business and providing services just as well as our field sales teams. I listen in on a lot of the customer calls and the customer is just happy to have somebody to engage with and be able to reach out to.”

Approaches must be personalized, says Novartis’ Arnaiz, but that requires a profound analysis of customer preferences. “The smart thing is to adapt a channel mix by customer, so we need to understand customer attitudes very well, otherwise we are going to use the wrong mix. I think artificial intelligence is going to have a big, big role in data analytics to aid this.”

The orchestrator of channels

It will increasingly fall to the rep to determine the most appropriate channels for their customers, based on a deep understanding of their preferences from previous interactions.

“The rep role is changing to be a curator of content,” says Mylan’s Grech. “We should make multichannel content available and then empower the rep to use whichever channels and content are appropriate for individual customers. But you’ve got to change the back end; the marketing strategy and execution plan, and the alignment of the targets and incentives. This is where I’ve twice struck a challenge.”

Tapping into a rep’s personal knowledge will bring new insights into the business, says Gish. Although digital campaigns and non-personal promotions are currently planned separately to face-to-face interactions at Sunovion, in 5-10 years’ time, he envisions the rep organizing customer communication strategies.

“Right now, the reality is that the business selects channels and tries to keep reps informed,” he says. “We often have people with excellent analytical skills and big data saying, ‘This channel is more effective’, but we don’t include the rep on the ground in that. They have information that you don’t get from a digital database, so you want reps included.”

The role of digital and new channels must also be clearly defined to avoid disenfranchising reps. “Often, reps view digital with a terrible fear that it will replace them,” says Genty. “So, we need to clarify what the role of the reps is in this digital journey. What is your company’s model? Are reps just promoting your brands and digital is separate, or do you integrate reps into the center of your digital model?”

“Reps need to understand multichannel marketing and what their role is in that,” agrees Grech. “They need to maximize where they can have the most value and be comfortable with the fact that they might not be the right channel for some customers. You’ve got to put your ego aside and say, ‘Well face-to-face is not working with a particular healthcare professional, however I know they like self-service – to go to the website or education meetings – so I’ll put my efforts where I know the human resource is most valuable.’”

The sales force remains critical amid new developments, says Colleen Schuller, VP Primary Care Growth Strategy US Pharmaceuticals, GlaxoSmithKline (GSK). “They’re one of our most precious investments and we need to deploy them against the best opportunities. We’re arming them with new tools and resources to help them engage customers.”

Data-Driven Reps

In our information-heavy world, customers are now generating vast amounts of data, revealing unique insights and inspiring a new type of conversation from those reps able to use the information to curate individual programs of content.

The rise of digitization means that the ability to handle, digest and use hard data is becoming part of the job description.

“As consumers, every time we interact with a company we are providing data about our behavior,” says Novartis’ Arnaiz. “If a company is analyzing the data in a good way, they will be able to adapt their proposition to our interests. We should be doing the same with our customers. The more tools we have, the better we can analyze customer behavior and adapt our approach to deliver an added-value proposition focusing on their interests.”

The opportunities for understanding and using data in the pharma arena have grown exponentially, encompassing the web, social media, e-detailing and remote calls as well as information from face-to-face interactions. “Customer insights, through social media listening and closed-loop marketing, allow each company to provide tailored information to each customer, a personalized interaction,” says Merck’s Kneen.

Firms are using a wide range of data to understand customer needs, and payer and claims data are a useful addition, says AMAG’s Williams, as they allow you to “understand which claims are getting denied or getting paid for, and really start to zone in on what’s contributing to prescribing and whether you are influencing prescribing”.

A large digital database that catalogues every interaction with a customer and can stitch those together, usually the customer relationship management (CRM) system, is crucial to comprehending large volumes of data, says Sunovion’s Gish, as it allows you to see which customers respond to which types of promotion. “We have routine read-outs where we look at findings pulled out of the database. That’s a very analytical level; we can do more by putting more of that information in front of a rep.”

Organizing this influx of data is vital to draw meaningful insights, says Janssen’s Genty. “When you enter the world of digitized selling you will be sitting on a nice bunch of data, because you can measure everything. The question is, what do you do with it? Data needs to be organized in order to extract relevant insights, so implementing the right CRM, the right campaign management system and the right content management system is essential, as well as ensuring that all of those things are talking together in an ecosystem.”

As the diabetes epidemic continues to grip the United States, firms like Roche are relying on metrics to determine where best to place their sales resources. “We have data that shows how many patients with diabetes the physician or office sees, and how many stay with them or go on to specialist, so we are able to really dissect the facility and the providers,” says Graves. “If you have a large number of patients with diabetes coming in, we want to make sure that we have our resources there to help those patients. In the US, diabetes is truly rampant; with limited resources, we have to be pretty surgical about where we put our sales force.”

It’s a two-way flow of information, he says, as “customers definitely need more actionable data” amidst the rise of pay-for-performance and outcome-based healthcare. “They have a lot of metrics now around outcomes, so a doctor can’t just aim to get average blood sugar numbers down to a normal level, they have to ensure the patients are succeeding and kept out of the ER,

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as they will be graded.” Medical devices and wearables also play a developing role in allowing conversations to be more data-led.

A rep’s ability to use of data is enhanced by “dashboards, places where they can filter data and look at things from different angles”, says Mylan Australia’s Grech. A rep should be able to access all the data in one place, seeing whether customers open emails, look at websites, or attend webinars, and use it to inform their next activity.

Digital analytics tools provide a means to take this data forward, says Williams. “Tools like ClickView, Spotfire or Tableau Reader get the rep out of Excel and allow you to lay out information visually so they can quickly see what’s happening and make decisions. The breadth of expertise across our sales force varies, so you want to provide them a vehicle on a curve from simple to complex. The simplest rep can garner some insight and value and be able to make some decisions, whereas a rep that’s more complex or data-savvy can take that information and really go to town with it.”

There’s still work to be done in preparing salesforces for a data-centric world, says UCB’s Fortanbary. “Our sales reps are not quite in a position to leverage customer data, but individualization is definitely happening – reps are encouraged to understand, listen and learn more about the customer’s business to tailor solutions. Past interactions inform that, but there’s so much information available online to better understand health ecosystems and patient journeys before you even set foot in the doctor’s office.”

Management of data

While this wealth of information exists, the level of autonomy that reps are given over managing the data varies considerably across the industry.

“Being able to understand data is absolutely part of the rep’s skillset,” says Williams. “It’s about how to process information. You’re able to look at two or three variables that impact your business, whether that’s prescribing, what’s happening around your local reimbursement markets or different products in the basket. Reps need to look at this and be thoughtful about where they go or what they say to a physician based on that information. This is a higher order expectation than five, certainly 10 years ago.”

Others believe that analysts should mine big data for the rep. “We need to develop new roles to offer a deep analysis of customer data,” says Arnaiz. “Reps shouldn’t be the ones doing the analysis, but they should be entirely responsible for personalizing their approach to the customer by using data.”

Mylan Australia has inherited a unique model from mergers, resulting in seven different specialist rep roles, including KAMs, pharmacy reps, hospital reps, telesales reps and prescription reps. “From a commercial excellence point of view, we’re currently refining what each rep role is and how they work synergistically together,” says Grech. “But having all these roles is proving to be very useful in terms of opportunities to take products to the multi-stakeholder healthcare market.”

Each role has its own workflow and manages data differently. “Some work with dashboards in solutions such as QlikView or Mercurial, while others rely heavily on Excel spreadsheets and pivot tables, because they have access to raw data. Some of our roles literally do analytics themselves and will sort data looking for where the opportunities are across the portfolio. The pharmacy reps are much more analytical than our prescription reps are, so it’s making the data and the tools available to all reps in a digestible flexible format,” she says.

Driving success

A more data-centric world also offers greater possibilities for new kinds of assessment for reps, says GSK's Schuller. "We're selling and engaging with customers in new and different ways, virtually and through a multichannel approach. What are those new key performance indicators (KPIs) to really track sales rep performance, and how do we know that these KPIs are the right ones that are really driving effective customer engagement?"

GSK led the charge on shaking up the traditional commercial model in 2015 by removing individual sales targets across their global sales force of 19,000. While some financial performance measures remain at a high level, if the company achieves its goals for the right patients, reps and first-line sales leaders have no individual targets.

"Great inputs and skills, knowledge and behaviors within your sales organization should ideally lead to good outputs and sales performance," says Schuller. "What we're doing at GSK is instead of incentivizing on the outputs, we're incentivizing on the inputs. So, things like the scientific knowledge of our sales force, their selling skills, their ability to create and execute effective business plans, how they bring our values to life. All those inputs are still critically important and that's how they're incentivized, because we believe that if you incentivize on the right inputs, the outputs will follow, and that you don't necessarily need sales targets."

"This is a huge game-changer within the industry," she says, and one that GSK believes is paying off. Group sales were up 6% across the company in 2016, the first year of the new model, with 24% of sales coming from new products promoted by the sales force, amounting to over £4 billion of sales. Notably, GSK was rated number one for customer trust in the US across respiratory and vaccines, says Schuller – good news given that improving trust was one of the main motivations for change.

Incentives are long overdue for an overhaul in our industry, agrees Grech, who is currently leading an incentive review to harmonize her existing teams. "It has always frustrated me to see reps being incentivized on operational KPIs that are part of their job – they should be a performance stretch, not an extra pay element. We're making some incremental changes locally this year to move in this direction and, for example, sales managers will not be incentivized on coaching volume, but rather on achieving performance improvement. They will have to be more empowered and supported to do this in a flexible way. The number of calls per day, reaching targets, executing strategy, etc. is that stuff is what we pay a salary for. If incentivized, this can often drive the wrong behavior; in other words, quantity and tick boxing, versus quality and depth of engagement."

“ We need to have a person 100 percent focused on the customer’s real needs... It’s a complete change and we need people much better prepared from the analytical and listening perspective. ”

Gonzalo Rodriguez Arnaiz, Novartis

Skills for the Future

Given these new requirements, are the sales reps of today able to deliver on customer needs? Employers are seeking out different attributes and traits for the modern market, with successful reps requiring a solid understanding of marketing, technology and science, along with demonstrative critical thinking, negotiation and team-player skills.

“Changing the objectives and the setup of the Commercial department results in a significant change in the people profile,” says Merck’s Kneen. “Scientific and clinical talent remains critical, as does great insight, so that we can understand customer-centricity based on the qualitative-quantitative research that you want to put in place. Data analytics is a critical competency, and understanding market access and pricing.”

Critical thinking is the number one skillset of the modern rep, says UCB’s Fortanbary. “They have to be able to think more strategically, with all of the variables that our customers are faced with in their business environment and their health ecosystems. This includes looking at our customers more from an account standpoint and working an entire office or health system.

“Deep scientific expertise is another critical success factor, the data science clearly will be a differentiator, and understanding population health, outcomes, the things that we’ve not had to deal with in the past, are important considerations.”

The importance of an account-based viewpoint is echoed by Almirall’s Sosa. “For the future, some of our people are more key account based, so it will be important to train or recruit for skills that go towards that type of selling, so it’s more negotiation. We are looking for people that are more complete, in the sense that they are managers of their own business and able to coordinate the different means to maximize our relationship with key customers.”

A collaborative approach is vital, compared with the single operator mindset in years past. “A sales rep needs to be much more collaborative than they ever have been,” says Sunovion’s Gish. “That’s a skillset built in communication, sheer transparency and trust. Being part of a team collaborating with a customer, and being comfortable with that, is going to be more and more valuable.”

“It goes back to this notion of relying on your matrix team members,” agrees Fortanbary. “Solutions to our health systems and customers won’t be effective enough being delivered by an individual rep – it needs the strength and the power of organization that they represent. It’s going to take a village to do this and everybody’s got to be on the same page. That’s going to require communication, understanding, insights – all the things that weren’t part of our vernacular just five years ago.”

Customer-centricity is another top attribute, says Novartis’ Arnaiz. “We need to have a person 100 percent focused on the customer’s real needs, and saying ‘I’m here to help you’ not ‘I’m here to sell.’ It’s a complete change and we need people much better prepared from the analytical and listening perspective.”

“If a rep becomes a curator of content, it is almost like they are a marketer,” says Mylan Australia’s Grech. “They’re really going to be a pivot point on engaging and driving traffic to different channels, and to do that you’ve got to empower the rep.”

A breadth of knowledge around current affairs will breed confidence, says AMAG’s Williams. “The expectation in terms of reps’ knowledge has gone up dramatically. The mechanism of

action of products are more complex, with biologics almost commonplace, and patient types are more refined. You need a macro market understanding of the healthcare environment, demands on physician practices, knowledge around your product, the payer environment and how your product is distributed.

"I find the highest performing reps have this level of knowledge, this capacity and ability to understand and navigate a conversation with a physician. You're not just showing up as a one-way deliverer of information, it's more of a conversation that's anchored in your knowledge base."

Roche's Graves undertook a study into behavioral, emotional and psychological elements of his highest performing reps, who had proven they could weather changes in the market, and found that they were "confident almost to be like teachers or consultants," unafraid to challenge healthcare professionals and engage in true dialogues. "They are able to build the relationships and they are able to enjoy the relationship, but they are there to consult and share critical information. This is what we found our top sales representative excel at."

A new way of hiring

Shifting recruitment and training strategies helps sculpt the sales force of the future. "Data will suggest, and I think our real-life experiences confirm, that you have around 20 percent of your sales reps that already get it, they're even operating in this fashion to be successful," says Fortanbary. "Sixty percent have the capacity and understand the need for change and can be skilled up to compete in this modern world, but there's that final 20 percent that just won't make the change."

After gaining the results of his study, Graves rebuilt sales support operations "from the ground up," based on high performer attributes. Top reps set up a mentoring program for new team members, hiring was based on personality traits rather than a background in medical sales or years of experience, recruits were trained on the disease state and product and a new sales team was deployed successfully into the field.

"You basically have to throw out the book," says Graves. "What you can't train on is what's inside them, what drives them and how they operate. We hired one person who was lecturing at a university, one who managed a counter at a rental car agency and last year my top rep did not have a background in sales at all. Top down, this entire group was operating like high performers in a short amount of time."

The 2025 sales rep

Looking ahead five to 10 years, the value of the sales rep cannot be overstated, says Sosa. "Most probably sales forces will be a bit more specialized, but still, the sales rep is the key element in the customer relationship. Potentially, it is the most valuable asset in terms of our commercial relationships."

"In 10 years time, I see the rep as a 'super-rep,'" says Arnaiz. "It's a person with a very strong scientific background, a high level of training, analytical skills and focused on the individual and personalized approach. They will have a clear road map customer to customer, and be almost obsessed by adding value to the customer in every interaction." Artificial intelligence will have come into its own in analyzing customer data, he adds, creating "personal proposals."

Technology will shape the 2025 sales rep's workflow, says Gish. "I think they'll start their day with a quick scan of a few dashboards that help them understand the other channels their

customer has communicated with us in the last few days and adjust their schedules accordingly.

“That’s the primary way we can have a better interaction, when we know the customer was on the website last night looking for information and the rep shows up the next day to deliver that information. This type of comprehensive conversation is the way forward. Big data will get better and better and drive us to a place where the right data is in front of the right sales rep at just the right time.”

The success of the reps will also depend on the mindset of the sales leader. “I think it actually starts with the leadership,” says Graves. “If your front-line leader isn’t able to pick up on where the market is going and what the needs of the customers are flexing to, and they don’t change the organization, or their style, to meet that, they are going to be lost and that’s not the rep’s fault.”

Williams sees a shift further towards excellence in clinical knowledge. “Sales reps have to be savvy with clinical information, as well as with what’s happening in a particular disease state and around the business and economics of medicine.

“As long as there is an expectation on the side of the medical community for knowledge, and as long as we are meeting people where they want to be, or anticipating where they want to be, I think we’ll always have a role to play.”

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