
Navigating the e-Detailing maze

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Abstract e-Detailing is currently under consideration by many pharmaceutical companies as a way to maximise salesforce time, cut costs and increase physician prescribing. e-Detailing is not a single entity but can take many different forms: from remote live discussion with a sales rep to a purely scripted interaction with a website or an Interactive Voice Response phone line. Most e-Detailing models have been tried in the USA and only some models, such as some forms of Scripted e-Detailing, have been shown by independent studies to increase prescribing compared with traditional detailing methods. e-Detail models from the USA are starting to become available in Europe where there are tighter regulations concerning physician promotions that make it harder to create physician incentive to participate in e-Detailing. Also, each e-Detail model differs in its popularity and applicability to specific physicians, for example, GPs are more easily accessed than specialists in Scripted e-Details. Therefore, pharmaceutical companies need to consider their e-Detailing options carefully to choose a model that will be right for their particular product, target physician group and country. Many pharmaceutical companies are simply starting a pilot with one or two models, but this will not necessarily be sufficient to reach a conclusion for all cases.

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THE GROWTH OF E-DETAILING

The use of the Internet to promote pharmaceutical products to the medical professional is still in its infancy but is being trialled or used by all of the top ten

pharmaceutical companies in the USA and a number in Europe. Aside from overall development of the Internet in everyday life, there are three direct drivers behind the growth of e-Detailing:

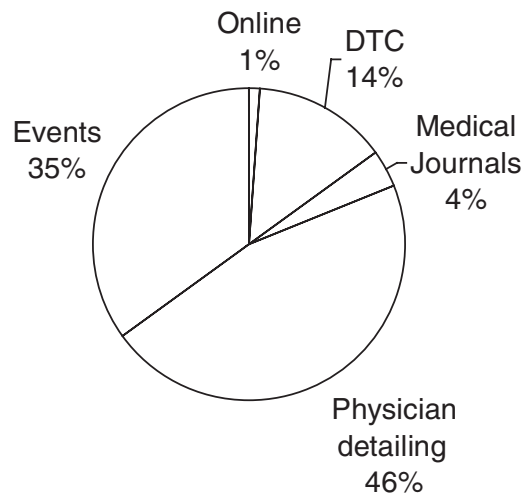
- falling effectiveness and increasing costs of sales representatives
- increasingly busy doctors with little time to see reps
- high connectivity and acceptance of the Internet by physicians.

In the USA, the industry spends US\$15 billion per year advertising its products to the medical profession. Detailing, that is, using sales representatives to call on physicians to promote products, accounts for the lion's share of this spend, around 45 per cent of the total¹ (from W. R. Hambrecht & Co), as shown in Figure 1. The last decade has seen substantial growth in the use of sales representatives as the marketplace becomes increasingly crowded with similar products and the length of market exclusivity of new innovative products falls.

The top 40 pharmaceutical companies in the USA now employ an estimated 80,000 sales reps, doubling since 1996, though the increase in prescribing during this period has risen by only 15 per cent. Some studies from the USA suggest that 40 per cent of sales reps' calls are cancelled or rescheduled

and over 80 per cent of conversations between reps and physicians last not much more than two minutes. In Europe, studies² suggest that 30 per cent of GPs no longer see sales reps from pharmaceutical companies in the UK. Physicians, both in Europe and the USA, are acknowledged to be highly time pressured and encouraged to see as many patients as possible. The conclusion is that there is a lack of sufficient time for the physicians to meet with sales reps. Consequently, pharmaceutical companies' very significant expenditure in traditional detailing is not yielding the desired returns. With a constantly increasing number of drugs to sell, the salesforces' efficiency is dramatically decreasing.

There is no doubt that detailing directly to the doctor serves an important purpose. Physicians want and need information from the sales representatives, but on their own time-terms. e-Detailing can potentially provide physicians with a more convenient means of getting the information they want at a time that suits them, see Figure 2, which shows that the majority of physicians are most likely to use e-Detailing outside normal office hours.



US\$15.5 billion marketing expenditures, 2000

Figure 1 How pharmaceutical companies market drugs
 Source: W. R. Hambrecht & Co, IMS Health, Jupiter Communications, Scott-Levin

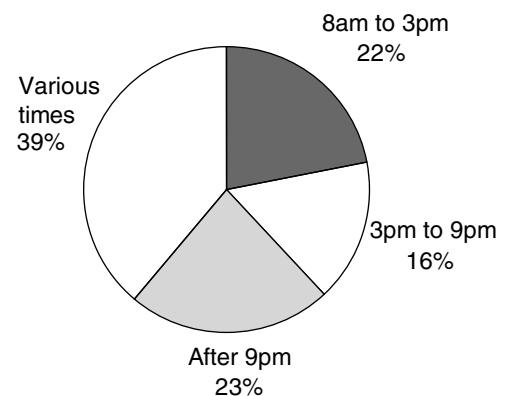


Figure 2 Times of day that GPs are most likely to use an e-Detailing facility
 Source: Mednet Media³

TYPES OF E-DETAILING

To date, the majority of online medical information offered to physicians by pharmaceutical companies has been largely static product information websites. This may be useful for a one-time visit, but it does not engage the physician, nor is it an encouragement to return to the site and develop a long-term relationship with the pharmaceutical company. This is verified by a Forrester study⁴ where physicians ranked pharmaceutical product websites last with respect to perceived value and frequency of use; indeed more than 50 per cent of the doctors surveyed had not visited a pharmaceutical company website in the past six months.

e-Detailing simply means using digital technology, in the detailing process, therefore many formats are possible including use of technologies, such as the Internet, video-conferencing and Interactive Voice Response (IVR) for enabling the interaction with the physician. It is important to remember that the 'e' does not simply equal use of the Internet. Any technology that can allow interaction with the physician is eligible. Appropriate technologies can be used to achieve the content and effect of traditional details, including educating the physician about products and interacting with the physician to answer questions regarding their individual information needs. e-Detailing technology can also be used to offer samples, encourage product use and increase prescriptions written.

Mednet Media has identified three main types of e-Detailing models.

Virtual live e-Detailing

With the virtual live e-Detailing model, the doctor (chosen by the pharmaceutical company) is provided a pre-configured personal computer with all the necessary applications preloaded and webcam to see and speak with a sales representative. The doctor is provided with incentives and in

return is contracted to telephone all the pharmaceutical company representatives enrolled in the system at a minimum set frequency per month in exchange for receiving the hardware and software. The physician initiates the e-Detail session and has control over the timing of the call (both in terms of when to call and the length of call). A typical interactive session lasts around 10 to 15 minutes. During the call, the physician and sales representative (via a videoconferencing system) view and listen to a multi-media presentation about the promoted product and have the opportunity to discuss any points. During the e-Detailing session, the physician would be able to interact with the sales representative via video and audio in real time. This type of system was pioneered by iPhysicianNet⁵ in the USA. A variance on this approach, is a system where only the sales representative is viewed, or only audio and data slides are shown, depending on the wishes of the physician.

This type of model is unlikely to be acceptable in Europe, where there are much more restrictive limits on the value of goods that can be given to physicians during marketing.

Benefits of virtual live e-Detailing

In the USA, this type of model has been associated⁶ with providing a longer interaction with the physician more cost effectively when compared with the cost and length of the traditional face to face call so that the number of sales rep calls per day and the number of physician interactions are increased. However, there is no independent data on the impact of such e-Detailing on the numbers of prescriptions issued.

Scripted e-Detailing

Scripted e-Detailing enables the physician to use a personal computer to launch a sponsored learning application, often consisting of a series of interactive screens

with multi-media information about the promoted product, including research evidence, clinical practice guidelines, prescribing information and patient advice. The doctor 'walks through' the screens, usually for an honorarium incentive. This system may be on the Internet or on a closed intranet or via IVR telephone line. A form of customised profiling software is usually used so that individual doctor preferences are taken into account during the session. This system does not have a live interaction between the physician and the sales representative. Questions and requests from the doctors would be available via an e-mail link with an option for telephone call/visit from a sales representative. The Physicians Interactive and MyDrugRep (www.mydrugrep.com) systems both use this type of approach.

Benefits of scripted e-Detailing

In the USA, this type of model has been shown to deliver clear, well-structured messages to physicians that are five to ten times longer than the normal face-to-face sales rep call, but at a reduced cost. Participating physicians especially like the convenience of the 24 hours a day, seven days a week availability of this model. Unlike the other models, some forms of scripted e-Detailing have been found in independent studies⁷ to show actual increases in the prescribing of the drug featured in the e-Detail – that can be directly attributable to the e-Detailing done, whether that is via the Internet or via IVR.

Physician portal e-Detail

On-line physician communities via physician portals offer an opportunity to deliver pharmaceutical company messages to a specific audience of physicians. This model has been used in the USA and is emerging in Europe⁸ (eg DoctorsNet.co.uk). This model is most often used for delivering 'soft' general marketing messages (via sponsorship of a

disease area forum or an on-line CME module). Potentially, it can be used to provide 'hard' product specific messages (like traditional detailing) via alliances with Scripted e-Detailing players.

Benefits of physician portal e-Detailing

Potentially, physician portals can provide access to hard-to-reach physicians (eg specialists) though for most portals, the number of physicians who actively use that portal is usually significantly less than the official membership list. Portals can usually provide on-line statistics that give insight into where physicians spend their time and hence an insight into their Web habits and interests. These are however, not necessarily straightforward to interpret. For example, there is no easy way to know whether the reason a physician spent 10 minutes looking at a web page was because he was interested, or because he was bored and took a break to do something while the web page was open! There is little evidence of the actual impact of portal-based e-Detailing on the number of prescriptions issued.

DIFFERENCES IN E-DETAILING BETWEEN USA AND EUROPE

Regulations governing pharmaceutical promotion are more restrictive in Europe than in the USA. In the USA, companies can supply higher value goods to physicians during promotion than in Europe, for example:

- iPhysicianNet provides free of charge the PC hardware required for videoconferencing to physicians in return for the physician agreeing to place, receive or return videoconference calls with iPhysicianNet's pharmaceutical clients.
- Pharmaceutical company Lilly in a deal with ePocrates (provider of prescribing information) gave palm Personal Digital

Assistants (PDA) together with the ePocrates software to a group of physicians selected by Lilly.

- Some of the e-Detailing vendors give physicians a popular medical book or a US\$25 certificate redeemable for a medical education product in exchange for a completed e-Detail.
- A 'pay per e-Detail' model is being considered by a Cincinnati physician group, which is offering pharmaceutical sales representatives guaranteed detailing time for a fee. Debate on the legality of this approach has meant that no-one has yet taken up this offer⁹.

In Europe, the value of goods that can be given during promotion is much less. For example, in the UK, the Association of British Pharmaceutical Industry's Code of Practice governing promotion of pharmaceutical products limits the value of any gift/benefit given to a physician to be no more than GB£6 (plus Value Added Tax, VAT) cost to a company. Hence, the extent to which the success of e-Detailing in the USA can be replicated or even improved in Europe depends on finding appropriate ways to incentivise physicians without breaching current regulations. It is unlikely therefore that models such as live video detailing can be replicated in Europe under the current regulations.

On the other hand, Europe is potentially ahead of the USA in technologies that can be used to provide convenient 24-hour, 7-day access to physicians. In addition to the Internet, some technologies that are potentially relevant in future for e-Detailing in Europe are mobile phone/PDAs and Interactive Digital Television (iDTV).

E-DETAILING TECHNOLOGIES

Internet

The Internet can provide physicians with convenient access to and from the home or office, inside or outside office hours. Virtually all physicians now have Internet access either at work or at home. In the

USA, according to Harris Interactive, most physicians connect to the Internet on a daily basis. In the UK, the National Health Service (NHS) has positively encouraged general practitioners to put their surgeries online through the NHSNet initiative. Figures from the physicians portal, www.Doctors.net.uk, indicate that 39 per cent of physicians choose to conduct on-line Continuing Medical Education (CME) from home, compared with 26 per cent at work. This desire for flexibility appears to be a key point behind physician acceptance of e-Detailing. In a recent survey of UK GPs, Mednet Media found that 23 per cent of UK physicians are likely to use an e-Detailing facility after 9pm¹⁰.

e-Detailing via mobile phones/PDAs

Mobile phones can potentially provide physicians on the move with added convenience in accessing e-Detailing. Already in Europe, most people have a mobile phone and use it for calls as well as sending billions of text messages per month. Forrester Research predicts that one third of the European population will access Internet services using mobile phones by 2003. Combination mobile phone/PDAs are just emerging, although the Gartner group predicts that by 2007, more than 60 per cent of the European Union and US population aged 15 to 50 will carry or wear a wireless computing and communications device at least six hours a day, and by 2010, more than 75 per cent will do so. Already in the USA, a Harris Interactive poll in August 2001 showed that the percentage of physicians who utilise PDAs increased to 26 per cent last year although many of these physicians use PDAs for personal, rather than professional use. Some pharmaceutical companies are already beginning to supply information to mobile phones, eg Aventis launched a WAP phone-based service in June 2000.

e-Detailing via iDTV

iDTV can potentially provide physicians at home with added convenience in accessing e-Detailing. Within Europe, the UK is in the lead on iDTV penetration, with 30 per cent of households having iDTV. Other countries with high iDTV penetrations are Denmark, Spain and Sweden. In the UK, the first medical channel for doctors was launched via Sky BSB's satellite service, which is available to all UK GPs, but cannot be viewed by the public. Medical content via iDTV is likely to become more commonplace as the number of households with iDTV grows.

THE EMERGENCE OF E-DETAILING SO FAR

At the time of writing, it would be fair to say that e-Detailing is almost wholly a USA affair, though European companies are beginning to emerge, as shown in Table 1. 'Pure' e-Detailing companies such as iPhysicianNet and Physicians Interactive, which was established in 1996, are now well-established players with most of the top 20 pharmaceutical companies signed up as clients in the USA. Physicians Interactive claims to have completed 60,000 details on behalf of its clients. Many other marketing service companies, such as Aptilon, are also offering an e-Detailing package.

As yet there are no figures to indicate

the prevalence of e-Detailing. In the USA, all of the top 20 pharmaceutical companies have some involvement or investment with e-Detailing. A number of e-Detailing companies have strategic alliances with physician portals giving potential access to large numbers of professionals. For example, 'MyDrugRep' has an alliance with Salu, which has 30,000 physicians registered.

In Europe, no more than a handful of physicians have been exposed to the concept in very small-scale trials, although some pharmaceutical companies are now beginning to embark on small and local pilots.

BENEFITS OF E-DETAILING FROM A PHARMACEUTICAL COMPANY PERSPECTIVE

Table 2 shows that an e-Detailing system offers both the pharmaceutical company and the physician a number of advantages over a traditional sales representative. However, Mednet Media believes that e-Detailing should not be seen in isolation, but as a compliment to an existing salesforce. A good e-Detailing strategy can potentially improve the effectiveness of sales reps by allowing them to focus on priority products and key physicians who respond well to face-to-face calls. In this way, e-Detailing can be used to reach remote/hard-to-reach physicians.

Table 1 Examples of companies offering an e-Detailing service

Pure e-Detailing players	Service companies offering an e-Detailing solution
<ul style="list-style-type: none"> ● ePocrates (USA) ● iPhysicianNet (USA) ● MarketRx (USA) ● MyDrugRep (USA) ● Physicians Interactive (USA) ● RxCentric (USA) ● TargetRx (USA) 	<ul style="list-style-type: none"> ● Aptilon (Canada, Europe) ● CRX Solutions (USA) ● Dendrite (USA) ● Doctors.net.co.uk (UK) ● InfoMedics (USA) ● Medsite Inc (USA) ● OnMedica (UK) ● Quintiles (USA, UK) ● Synavant Inc (USA and Europe) ● Zestica (Sweden)

Source: Mednet Media

Table 2 Comparison of traditional pharmaceutical detailing and e-Detailing models

Characteristics	Traditional detailing	Live interactive e-Detailing	Scripted e-Detailing	Physician portal e-Detailing
Target hard-to-reach/remote physicians	○	●	●	●
Live interaction with a sales rep	●	●	○	○
24 hour/7 day access	○	●	●	●
Cost per completed detail	\$\$\$	\$\$	\$\$	N/A
Increase in number of e-Details effectively completed	○	●	●	▶
Length of interaction with physician	○	●	●	▶
Consistency in quality and quantity of information presented	○	●	●	●
Initiated by physician at his/her convenience	▶	●	●	●
Facilitate patient recruitment for clinical trials	○	●	●	●
Automatically capture prescription and clinical data	○	○	●	▶
Guide physicians through strict treatment protocols	○	▶	▶	▶
Ability to improve patient compliance through health management programmes	○	▶	▶	▶
Ability to track impact of individual detail on prescribing	○	▶	●	N/A
Available/allowed in USA	●	●	●	●
Available/allowed in UK/Europe	●	○	●	●

● High; ▶ Partial; ○ Minimal. Estimated cost per detail: \$\$\$, more than US\$150¹¹; \$\$, US\$100–150. Source: Mednet Media

BENEFITS OF E-DETAILING FROM A PHYSICIAN PERSPECTIVE

Figure 3 shows that the pros and cons of e-Detailing from a doctor’s perspective are balanced. Physicians are likely to be divided into those that prefer traditional detailing and those who prefer one of the various e-Detail models. Preference is likely to vary by physician specialty as well as by country. Hence, market research to understand physician’s needs, technology constraints and incentives is going to be a key prerequisite to any e-Detailing pilot or programme.

CONCLUSIONS

e-Detailing offers pharmaceutical companies the potential to revolutionise

medical promotion by increasing both the reach and quality of their messages to a wider audience of physicians and potentially to other health-care influencers. At the same time, e-Detailing is not a replacement of the salesforce, instead it allows sales reps to be more effective and concentrate on those physicians for whom face-to-face calls are essential.

References

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Advantages

- Schedule appointments at convenience major
- Time savings
- Improved information
- No need to see reps minor

Disadvantages

- Removal of social interaction with sales rep
- Technology failures
- No time saving
- Poor information

Figure 3 Pros and cons of e-Detailing from the doctor’s point of view. Source: Mednet Media

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