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Marketing drugs by electronic means, a supplement to the traditional drug rep

One of the cornerstones by which pharmaceutical companies market their products is by using their representatives ('drug reps') to sit in front of a doctor or other healthcare professional (e.g. a nurse or pharmacist) and try to convince them of the suitability of their product. This method is called **detailing** and has been around for many years.

Most people on all sides of the equation accept this is a far from perfect process. From the drug company's point of view, employing, training and equipping a substantial sales force is expensive. The actual process of the detail is very short, perhaps minutes, while most reps will spend many hours a week in a waiting room, awaiting their prey. From the doctor's point of view, they have little time to spend with the rep. In the short space of the detail they have to take in a huge volume of data, often at a time when they are busy and tired, and therefore not at their most attentive. Since some doctors will simply not see drug reps, the companies must think of other ways to reach out to their target.

Despite all these drawbacks, drug companies still pursue this traditional detailing method (in addition to other marketing techniques such as advertising in medical journals, sponsoring conferences and meetings, etc.). They must feel there is some merit in it, otherwise they would stop spending such considerable sums of money. Yet, without doubt, this technique could be improved and yes, you have guessed it, by using online methods and electronic, computer-based communications.

Stick an 'e' in front and, hey presto, we have the new technique of **e-detailing**. In the US, they seem to have embraced this technique much faster than we have here. The reasons for this are not simply due to their better technical ability. The UK has rules about pharmaceutical marketing which will affect the impact and penetration of the technology.

Once the concept of e-detailing is thought through then the applications are more obvious. For example, a simple 'information/education' Web site can be set up to cater for a health professional's needs. This has the attraction of always being available to the target audience. There could be visual material (e.g. PowerPoint presentations to download), interactive content (e.g. quizzes or continuing medical education programmes), or just textbook style information that would prove useful to read online or download and read at leisure. In amongst all that, there may be promotional material relating to a product or specific information relating to the field that encompasses the product needing to be promoted.

Hopefully, from the company's point of view, the prescriber will spend a while looking at the site, assessing it and learning from it. Ideally, the prescriber's attention span and time spent on the exercise will be greater than in a traditional detail. Equally, such an operation should be cost effective from a marketing perspective.

The prescriber can e-mail the company for more information – either delivered by traditional reps or returned by e-mail. If entry is permitted only by password, then the company will know who is visiting, what they are looking at and how long they are there. A whole host of details about the profile of the people visiting the site can thus be obtained. This can produce valuable marketing data which, in turn, should help the prescriber (bringing them more focused material) and the sponsoring company (knowing what their market wants).

Of course it does not have to be a static Web site. A video-based, teleconferencing system could be used for one-to-one contact between a rep and a health professional, arranged at a mutually convenient time. Other modern communication possibilities include digital TV or text messages on mobile phones.

Will the sales rep disappear?

Very simply, the answer is 'no'. After all, these technologies require the target health professional to have access to the system and to understand the basics of how it works. That is not an insurmountable problem. But there has to be to some form of attraction to use the service. This is the hard part.

The attraction could be outstanding and interesting material on the site, good interaction or vital information that enables health professionals to work better. Equally, the health professional has got to be enthusiastic to use this kind of technology, either in protected time during the working day or in their own time. These are all tall orders that have to be fulfilled before a Web site visit is achieved or an interactive video conference call is made. Most importantly, the experience has to be rewarding enough to encourage repeat usage. For some health professionals, the attractions and advantages of e-detailing are well worth it. However, for many there is nothing to replace the human and social interaction of meeting a rep in real life.

These observations are similar to other facets of online life when compared to 'real' life. For example, some people, and their numbers are growing, prefer to do their shopping online, but the shopping centres and other bricks and mortar stores are far from empty.

E-detailing will not mean the death of the drug rep but another way that a pharmaceutical company will reach out and engage their target audience.

Further reading

Cover story. *MD net guide*, Cardiology edn, September 2002; 4(5).
<http://www.mdnetguide.com/V4n9/cardio_spt/CoverStory.shtml> [accessed 10/12/02].

Mednet articles: eDetailing.
<<http://www.mednetmedia.com/articles/edetailing.html>> [accessed 10/12/02].