



Sales bites: A New Way to Sell Pharmaceuticals

by Eric Baron and David Hauer

Ask anyone in the sales training business who has the toughest sales job, and, while the answers will vary, you can count on the pharmaceutical rep always being listed among the top three. Think about it-- the rep is lucky to get even a few minutes with a busy physician who is much more interested in spending time with paying customers. Too many physicians don't see the time spent with a rep as useful as they did in the past. And with all the overbooking that is prevalent today, there simply isn't that much time available.

Unfortunately, the situation isn't getting any better. A physician's office is more crowded than ever with patients and with reps trying to sell new pharmaceutical products. In fact, some reps are forced to lurk by the sample cabinet in hopes of "accidentally" running into their targeted physician. And, if they're fortunate enough to make eye contact, they wind up using a "spray and pray" (blurt it all out and hope something sticks) approach to sell the featured pharmaceutical before that small window of opportunity slams shut.

So is this all that's left to selling pharmaceuticals in the '90s? Standing in a hallway waiting in hopes of capturing a passing physician for a few precious seconds? And then using that limited time frame to push a product without having a clue as to what the physician's needs are?

Absolutely not. The average pharmaceutical rep is far more important to the physician than this treatment would seem to suggest.

We submit that there is a far more effective way to sell to physicians in their hectic environment, one that takes full advantage of what the good pharmaceutical rep has to offer. We're talking about the use of a sophisticated sales process currently being employed in many industries today. That process is commonly called consultative selling, only we're talking about consultative selling the way it has never been used before in individual sales bites!

The consultative selling process

Before we explain how this approach can change the way a pharmaceutical rep relates to a physician, let's take a look at the elements that comprise the consultative selling process.

The term "consultative selling" was first coined by Mack Hanan, James Cribbin, and Herman Heiser in 1973 when their book, "Consultative Selling," was released. Since that time, dozens of consulting firms and thousands of companies have developed their own version of the consultative selling model.

There are five phases in the consultative selling approach. The first phase concerns positioning the meeting. The sales call is a meeting, and like the other 11 million meetings conducted in the United States every day, it requires some investment time early in the process. Positioning a meeting means putting the customer at ease, setting an agenda and preparing the customer for the questioning process. This phase can last five minutes if the customer is available for some serious small talk, or it could last less than a minute if both the rep and the physician want to get down to work.

Analyzing the situation, phase two, is the most important part of the consultative selling process. Questioning and listening skills play a key role here, and most sales training programs devote significant time to teaching a variety of questioning techniques. This is done to provide salespeople with the ways and means to acquire the information they need in order to understand the needs of their customers. This is the critical step in the process, as it is a generally accepted fact that the more questions a salesperson asks, the more orders a salesperson gets.

The third phase in the process is the part that salespeople enjoy the most. That is because this phase, offering recommendations, allows the salesperson to do the bulk of the talking, and this is where the majority of the reps we have worked with feel most comfortable. This phase also refers to the opportunities for reps to offer physicians ideas of value that go beyond the product line.

Phase four, resolving the issues, is the most difficult and most challenging part of the process. Most salespeople dread this part of the process, as nobody likes rejection, and having to deal with the resistance buyers express is difficult work. Yet the consultative selling skills approach looks at objections as nothing more than unfulfilled needs. Salespeople familiar with the approach will look at an objection as the challenge of transforming the objection into a need with involvement from the customer and then working together to resolve it.

The process of transforming the objection has five distinct steps (see "Resolving the issues" graphic on the next page). Each is important, and without using all five steps, the salesperson takes the risk of not resolving the objection in a way that makes the customer feel comfortable. Like most customer-oriented or client-centered approaches, this model encourages the physician to do the talking earlier and the rep to respond only after the situation has been clarified.

Finally, phase five, reaching closure, is when the rep attempts to get a commitment from the physician or to at least establish some next steps. Since the last step in the resolving issues process suggests the rep invite other objections, this is the point where any that remain can be resolved. If there aren't any, the rep asks for a commitment.

Meeting realistic time demands

As we review the consultative selling model and add up the time involved, it becomes clear why pharmaceutical reps can be a bit skeptical when first faced with the choice of using this process. In spite of the fact that some physicians will give a rep the 15 minutes or so needed to apply the entire process, the majority still afford the rep only the few minutes available in the sample room or between appointments.

The result of all this has been that reps talk about their product and little else when they interact with the physician.

This becomes a canned pitch that is totally inconsistent with what is demanded by buyers in all industries today - a customized presentation that focuses on the buyer's needs.

So the question becomes, how does the rep apply a process that demands time that simply isn't available? The reality is that while getting more time is a noble goal and one that is achievable as relationships develop with physicians over time, the process can be broken down into "sales bites" that allow pieces of the sales process to be applied at different times. Sales bites are defined as "sound bites" from the consultative selling process. They are bits and pieces of the process that individually may not be as valuable but, when pieced together by design, can become over time an effective way to bring the sales call to a higher level.

Think of it in terms of farming for a moment. A farmer doesn't plant his crop and reap his harvest in one day. He has to first remove all natural obstacles like trees and boulders from his field (analogous to positioning a sales meeting). He then prepares the soil for planting (analogous to determining the customer's needs).

Next comes the planting of seeds (analogous to offering recommendations). Then comes the crop dusting to eliminate pesky bugs (analogous to resolving objections). Finally, there is the actual harvest (of course, analogous to closing the sale). The process can take as long as one full year (longer if the "land" is particularly hard to clear).

If the rep treats the relationship with the physician as a long-term project as opposed to a series of sales calls that are designed to push a product day in and day out, he has to be more successful. All this can be looked at as an opportunity for reps to begin the process of building the kinds of meaningful relationships they enjoyed with physicians in the past.

Dissecting the call

The first sequence is made up of five phases in the consultative selling process. We believe that the sequence can be dissected into these sales bites - that is, bits and pieces of the process can be used as needed. For example, on one visit a rep might explain to the physician that in light of a new strategy within the company, he or she has decided to try to partner more with the physicians visited. As a result, on subsequent calls the rep will devote more time trying to learn about a physician's needs and expectations instead of just dropping off the samples, talking quickly about a product, getting a signature and leaving.

On a subsequent call, the rep might use the several minutes available to ask some poignant questions. They can range from asking the physician what is expected from the rep who calls on them, to a question about the physician's resistance to use a new drug the rep has been touting. If a rep lets the physician know that these questions will be asked, that it will only take a few minutes and that the reason for asking them is to learn more about the physician's situation, it might create a better chance of response.

For example, if a rep wanted to ask why a new drug is not being recommended for use instead of the competition, rather than just ask the question and risk putting the physician on the defensive, the rep could explain why he or she needs the information and how the physician can benefit from responding: "We're gathering information on the cost savings to patients who use our new drug. I know that, to date, you've been reluctant to prescribe it to your patients. If I could understand your reasons, it will help us provide you with more concrete evidence of the drug's value."

Once the needs of a physician are understood, the consultative selling process would have the rep present specific benefits of the pharmaceutical product against those needs.

Since consultative selling is all about partnering with a physician, the process also would involve having the rep offer ideas that come from understanding a physician's needs. If the rep can offer a good idea that both he or she and the physician can develop into a solution together, we have the basis to separate the "consultative" rep from all the others who are just filling the sample cabinets.

There is no question that the consultative selling skills process is better suited or a sit-down discussion with a customer in a quiet environment with sufficient time to get the job done. Unfortunately, the two or three minutes available to a pharmaceutical rep most of the time makes it difficult to apply. Yet, if the process is broken down into its components, the sales bites that emerge can be applied consistently when interacting with physicians. The results will be more productive sales calls leading to better relationships and the ability to earn the right to consult, which is the definition of consultative selling. There is no better way that we could start to change our image while redefining the way our reps interact with physicians in the future.