

Evolution of the Sales Force –

Impact of New Technologies on the Role of the Rep



POINT-OF-CARE PARTNERS

HIT Strategy & Management Consultants

Point-of-Care Partners (POCP) is a health information technology (HIT) strategy and management consulting firm with two active practices:

- EHR education & Optimization
- Strategic e-Prescribing Management

Learning Objectives

- ◉ Understand how Health Information Technology has impacted field sales representatives:
 - Sales Discussions
 - Prescribing
 - ePA & Patient Savings Programs
 - HCP Targeting & Prescribing potential
 - Patient Support Programs
 - Clinical Decision Support
 - Formulary Status Discussions & Therapeutic Choice
 - The Total Office Call & the "close"

- ◉ Discover Options for optimizing rep impact in the EHR & e-prescribing environment.





Today's Pharma Rep faces several challenges:

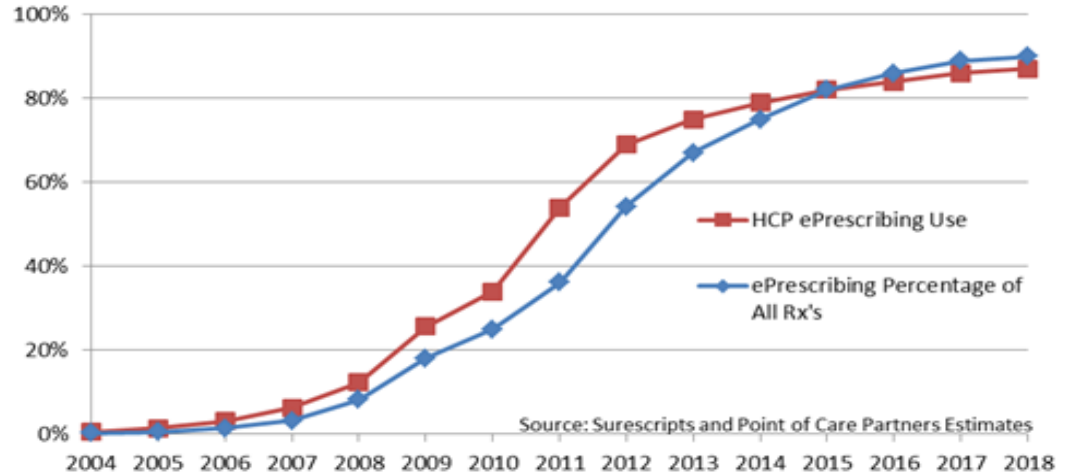
- ⊙ Target Customer Frustrations
 - Challenges understanding current administrative systems and regulations governing patients, and how they practice
 - More time spent trying to understand systems, less time with patients
 - Confusing e-prescriptions for some non-tablet products
 - Many channels to become informed
- ⊙ Practice Administrators & IT Specialists add to customer mix
- ⊙ Reduced access to HCPs
- ⊙ Less time for product discussions
- ⊙ Technological hurdles with e-prescribing and prior authorization

EHR Adoption Grows to Increasingly Impact Prescribing



- ◉ Majority of HCPs are using EHRs
- ◉ Factors influencing growth of EHR use:
 - Government incentives
 - Transformation of payment model to outcomes-based reimbursement
 - Practice consolidation required EHR use
- ◉ New adoption is no longer as important as 'optimize' existing EHRs in practices
 - Quality improvement
 - Resolving gaps-in-care
 - Standardizing treatment
 - Increasing practice efficiency

Electronic Prescription Utilization and Adoption



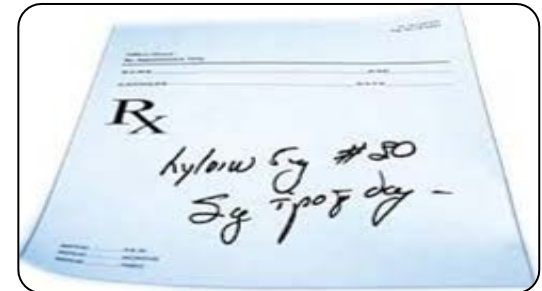
*EHRs are now the **primary method** of writing prescriptions including EHR printed prescriptions in addition to electronically transmitted*

Sales Discussions & e-Prescribing



Rep use of electronic sales aids has increased

- Details can be tracked electronically and bookmarked for the next visit
- Version control & detail sequence maintained by home office
- Difficult & time-consuming to switch from one product e-detail to the next
 - paper still being used
- Graphic depictions & sig for prescribing “brand X” not representative of prescriber’s real-world view.



Writing a Prescription in EHRs

- HCPs choose from a drug list

- Personal, department, or all drugs
- Updated periodically from a purchased source

- Dose, quantity and instructions selected from drop downs

- DAW flag available

- Drugs can be ordered by brand or generic name

- Academic Medical Centers and hospital affiliated practices often restrict searches to generic names

The screenshot shows a 'Prescribe New Medication' form with the following fields and annotations:

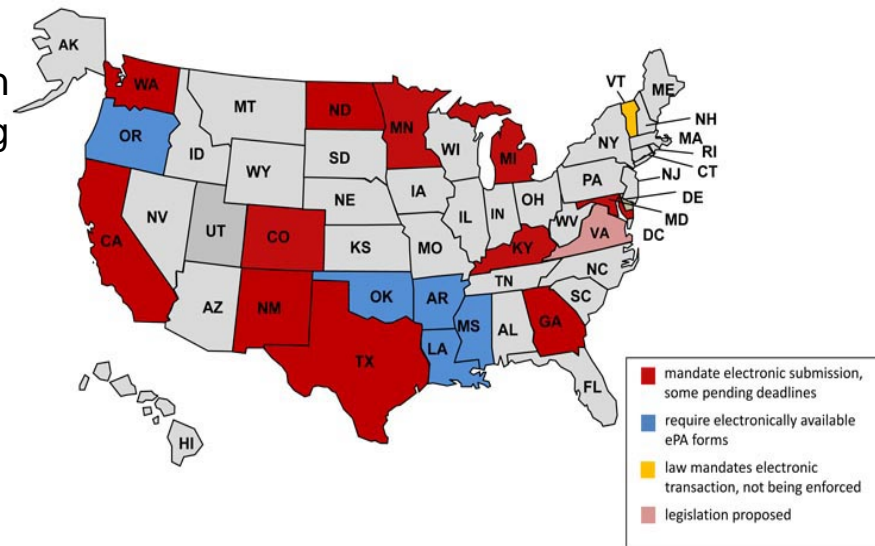
- Product** (red arrow) points to the *** Drug Name** field.
- Strength/Dosage** (red arrow) points to the *** Dosage** field.
- Patient** (red arrow) points to the *** Sig** field.
- Instructions (Sig)** (red arrow) points to the *** Sig** field.
- Quantity** (red arrow) points to the *** Dispense** field.
- Refills** (red arrow) points to the *** Refills** field.
- Comment** (red arrow) points to the **Comment** field.

The form includes tabs for **Common**, **Modify**, and **Special Instructions**. Other fields include **Indication**, **Duration**, *** Effective Date**, *** Package**, **Written Date**, **Options** (with checkboxes for Maintenance Drug, Brand Name Necessary, and Samples Given), *** Prescriber**, and **Pharmacy Note**. Buttons at the bottom include **Add to Favorites**, **Add Another**, **OK**, and **Cancel**.



- 11 states have mandated that payers must accept e-PA
- Many more are evaluating this type of regulation
 - Tracking data on state requirements & providing to field sales enables more conversations w/ prescribing stakeholders
- Less burden on office staff who deal w/ prior authorizations and refill requests
- Incumbent upon representatives to know:
 - The e-PA process for their brand(s)
 - Advantages/disadvantages for staff
 - Key prescribers and administrative staff to inform
 - Alternatives to electronic Prior Auth, when necessary

Electronic Prior Authorization



ePrescribing with Patient Savings Programs

○ Benefits of EHR systems with Patient Savings Programs:

- Medication discounts can be auto-transmitted from EHR → Pharmacy
- HCPs don't need to keep track of coupons or program details
- Gov't Payers are eliminated electronically from receiving these offers
- Pharma can exercise tighter control over eligible patients
 - Specific Regions
 - Specific Health Plans

○ Reps:

- May not have to stock, deliver, or track discount vouchers
- Keep in the loop if marketing initiates a program directly with EHR partners
- Know how offers work in different practices, and educate staff – especially when brand is at Payer/PBM Tier disadvantage.

The image displays three examples of patient savings programs:

- Nasonex Coupon:** A coupon for Nasonex (mometasone furoate monohydrate) Nasal Spray, 50 mcg. It offers a "COUPON SAVINGS!" of up to \$20 off on each of up to 12 qualifying prescriptions. A bottle of Nasonex is shown next to the coupon.
- Crestor Savings Card:** A card for Crestor (rosuvastatin calcium) offering a discount of "just \$8 more than the copay of a generic statin".
- Cialis Free Sample Offer:** A coupon for Cialis (tadalafil) offering a "FREE SAMPLE OFFER" of 5 tablets of 20 mg or 10 mg. It includes a table with fields for Patient, Pharmacist, and a table with fields for RxBIN#, RxBR#, IDENTIFICATION#, and SUFFIX#.

HCP Targeting, Reach & Frequency Goals



- Past prescribing volume to determine value, Reach & Frequency may also be impacted by ease and time required by field sales to influence ePrescribing

The screenshot shows an ePrescribing interface with the following elements:

- Buttons: "Add New Rx", "Add New Order"
- Rx Type: "MedispanRx" (dropdown)
- Search: "Starts With" (dropdown)
- Checkboxes: "✓ = Standard", "Real Time", "Show Discontinued"
- Radio buttons: "Standard" (selected), "My Favorites"
- Find: "Colchicine" (text input)
- Table with columns: D., F, Strength, Form., Take, Route, Freq., Duration, Disp, Refill, A.

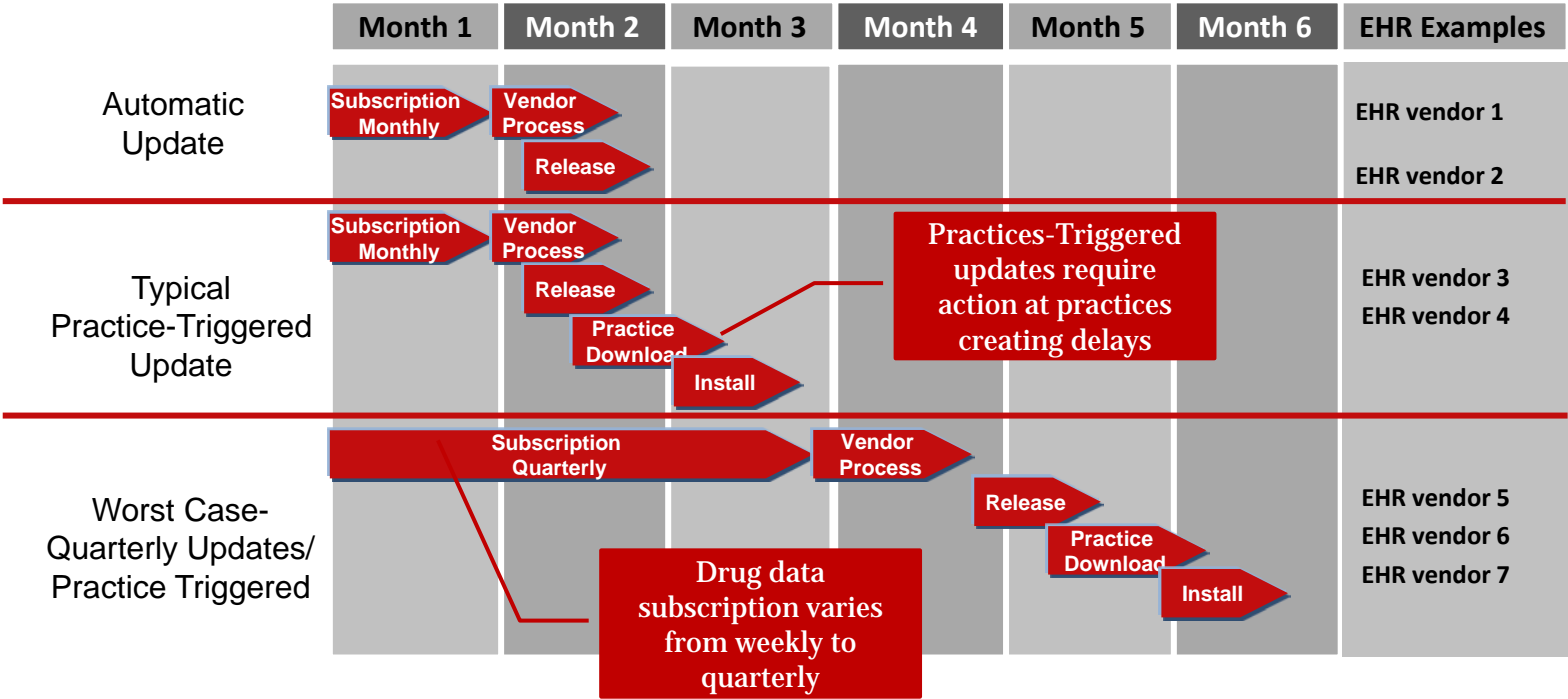
D.	F	Strength	Form.	Take	Route	Freq.	Duration	Disp	Refill	A.
		?	Powder	as directed						
		0.6 MG	Tablet	1 tablet	Orally	Once a day	30 day(s)	30		1

- Technology can place limitations on the success of new drug launches. reps should be aware of:
 - How to add new launch brands to various EHRs
 - When is the best time to approach office staff w/ this request
 - The initial effects on the HCP's ability to ePrescribe new brands

EXAMPLE: New Product Timelines



New products appear in EHR from 1 month after launch (most ideal case) to 6 months post-launch



Going “Beyond the Pill” Critical to Rep Success



- Understanding how and when to influence prescribing in the EHR is critical to rep success
- Regardless of their product knowledge, reps must learn:
 - Prescriber's EHR system – “the Software”
 - How meds are electronically prescribed & transmitted to pharmacies
 - How e-Prior Authorization is achieved
 - How the EHR system receives updates
 - New-to-market drugs
 - New formulary coverage info
 - When practices update their EHR systems
 - When to engage with key administrative staff
 - What Patient Education Materials align with prescriber's technology & quality goals



Going “Beyond the Prescriber” Critical to Rep Success

- ① The Total Office Call is a vital part of a sustained account plan
 - understanding *who* will update practice technology *and when* to target those individuals is vital
- ① Time required to collect and understand EHR Rx'ing rules & roles (*and* verify changes) detracts from feature/benefit brand discussions
 - Traditional Reach & Frequency Goals may be less reliable
- ① IDNs offer a way to change prescribing across the entire practice



Describing the Brand's Target Patient

Patient profiles have been a mainstay for various drug classes and diseases.

Everyday situations and living with ED



Meet Larry M.:

Age: 61

Status:
Married 35 years

Family:
3 children
6 grandchildren

Conditions:
Hypertension
Hypercholesterolemia

Situation:
Heightened pressure to perform in new job

Evening plans with

PATIENT PORTRAIT
Lydia, dance teacher—caregiver for an elderly parent

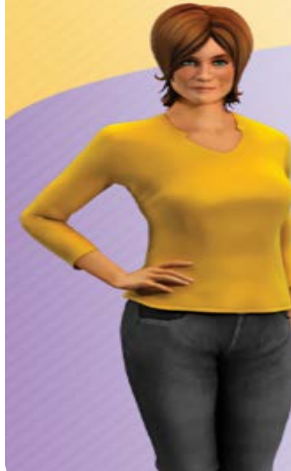
"My mother had shingles when she first came to live with me. I've never seen anything like it, and I don't ever want to see it again."



Age: 60

Like more than 90% of US adults, Lydia has had chickenpox, which puts her at risk for zoster and postherpetic neuralgia.

JULIE HAS HAD SIGNS OF ACTIVE DISEASE
Her active, autoantibody-positive SLE is being treated with a



DEMOGRAPHICS

- Female
- Caucasian
- Late 30s
- Diagnosed with SLE 5 years ago

CURRENT MEDICATIONS

- Hydroxychloroquine 400 mg/day for 5 years
- Prednisone 10 mg/day for 3 months
 - 7.5 mg/day for 9 months prior
 - 5 mg/day for 3.5 years prior

CURRENT DISEASE ACTIVITY

- Chronic fatigue
- Persistent malar rash
- Persistent polyarthritis

LAB VALUES

- C3 normal at 90 mg/dL;
- C4 normal at 30 mg/dL
- Positive ANA (1:160)
- CBC and urinalysis values are normal

Patient Selection in EHR



G : PrimeSuite -- Best Practices USA -- PRIMESUITEVM1

File

GREENWAY A/R Management Chart Registration Reporting Schedule System Help

Patient Charts Monday, April 27, 2009
Hall, Amy (1061)

Visit: 4/20/2009

Actions
 Open Orders Tracking
 Open Patient List
 Open Task List
 Open Unsigned Documents
 Open ePrescribe
 Customize Facesheet
 Data Share

Facesheet Summary Documents

Facesheet
Amy Hall Age:34 years

Problem List

Problem Name	Status
Diabetes Mellitus, Type II-Insulin dependent (PMHx)	Active
Fibrocystic Disease Of Breast (PMHx)	Active

Allergy List

Latex Exam Gloves (Respiratory)
SULFUR (rash)

Medication List

Prescribed within Practice

Medication	Dose
Glyburide Micronized-Metformin	2.5-500 mg
Maalox	200-200-20 mg/5 mL

Prescribed outside Practice

Medication	Dose
Rhinocort Aqua	32 mcg/Actuation

Vital Signs

Date	BP	HR	RR	T(°F)	Wt	Ht	O2
04/20/2009	124/78	82	17	98.5	146lbs 3oz	5' 6"	99%
04/07/2009	125/78	84	15	98.8	145lbs 6oz	5' 6"	99%
02/04/2009	124/84	78	15	98.8	158lbs 3oz	5' 6"	99%
07/07/2008	124/79	83	17	98.8	147lbs 7oz	5' 6"	99%

Orders Tracking History

Order Date	Order Name	Status
04/07/2009	Albumin; urine, microalbumin, quantitative (82043)	Ordered
04/07/2009	Comprehensive metabolic panel (80053)	Ordered
04/07/2009	Hgb A1C (glycated hemoglobin) (83036)	Ordered
04/07/2009	Lipid panel (total cholesterol, lipoproteins, HDL, triglycerides) (80061)	Ordered
04/07/2009	Urinalysis (dipstick, without microscopy) (81003)	Ordered

Flowsheets

Diabetic Flowsheet including TSH and lipid status
Endocrinology
Vitals Flow sheet

Clinical Alerts

Alert
Diabetic: Eye Exam Needed
Diabetic Foot Exam

Task List

Last Modify	Task Type	Status
12/03/2008	Order Follow up	New

Smith, Kim | Bell, Scott | Ford, Mary | Garcia, Rick | Hill, Pamela | Turner, Larry | Parker, Roy | Richardson, Blak | Williams, Ben | **Hall, Amy**

Reps that can accurately describe target patient signs & symptoms as they would sequentially appear in the EHR may grow share faster.

Patient Profiles & Clinical Decision Support

- All EHRs have built in CDS
- Knowledgeable reps may help practices activate CDS and get their brands included in pre-written Order Sets



e.g. Diabetes:

1. Referral to Diabetic Nurse Educator
2. Glucose meter
3. Patient Edu
4. Registry
5. Order labs
6. Weight loss Counseling
7. Rx

Order Set

ORDER SET: [v] [New] [Update] [Delete]

DIAGNOSES (TRIGGER): DIAGNOSES (LINKED) AGE (TRIGGER): All Age GENDER (TRIGGER): Unknown

Rx

Name	Strength	Take	Freq.	Duration	Refills	Route	Formulation	Dispense	Del
<input type="radio"/> Fluticasone Propionate	50 mcg	1 spray	Once per day	30 days	12	Intranasal	Suspension		⊖
<input type="radio"/> Beconase	42 mcg	1 spray	Once per day	30 days	12	Intranasal	Suspension		⊖
<input type="radio"/> Pseudoephedrine	120 mg	1 tab	As needed	30 days	12	Orally	Tablet	30	⊖

Labs

Description	Delete
<input type="radio"/> Skin prick: Pollen	⊖
<input type="radio"/> Skin prick: Animal Dander	⊖
<input type="radio"/> Skin prick: Mold	⊖
<input type="radio"/> Skin prick: Dust Mites	⊖

Diagnostic Imaging

Description	Delete

Procedures

Description	Delete

Immunizations

Name	Dose	Delete

Smart Forms

Name	Delete

Appointments

Follow-Up In:		
1W		
2W		
3W		
4W		

Referrals

Outgoing Referral for:		
Dermatology		
Acupuncture		

Patient Profiles & Clinical Decision Support



- Some IDNs & ACOs may already have Tx algorithms they prefer to implement
 - Savvy reps stand a better chance of capturing specific patient types if they understand:
 - The number of rules the practice has currently implemented and how this helps HCPs meet Meaningful Use
 - The number of CDS rules that will be added
 - The provider's technology
 - How to align brand features/ benefits to P4P & quality goals the HCP cares about
- The heavy use of EHRs provides capabilities to leverage
 - Drug lists for the facility, departments
 - Consistent workflows



Technology Creating Therapeutic Hierarchy & Top of Mind Prominence



Most Valuable Real Estate

THEN



NOW

View Order

Starts With ☐ = Standard Show ☒ Standard ☐ My Favorites

Real Time ☐ Show Discontinued Rx

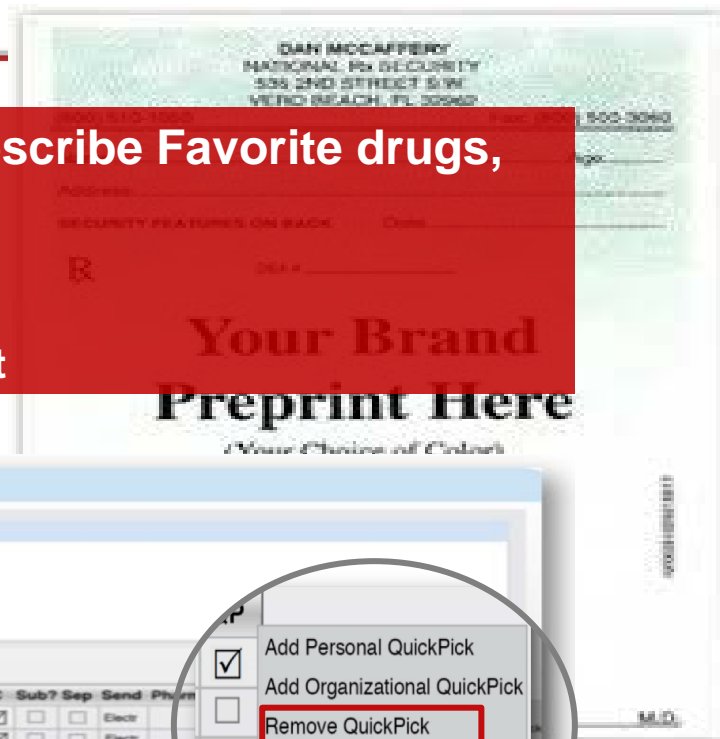
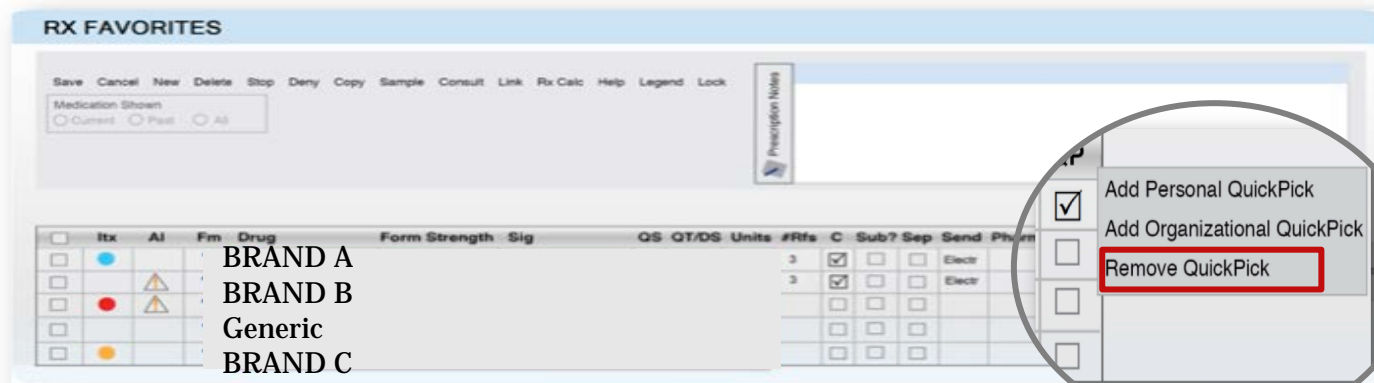
Take	Route	Freq.	Duration	Disp	Refill	A
as directed						
1 tablet	Orally	Once a day	30 day(s)	30		1

☒ Add Personal QuickPick
☐ Add Organizational QuickPick
☐ Remove QuickPick

Prescribing Favorites

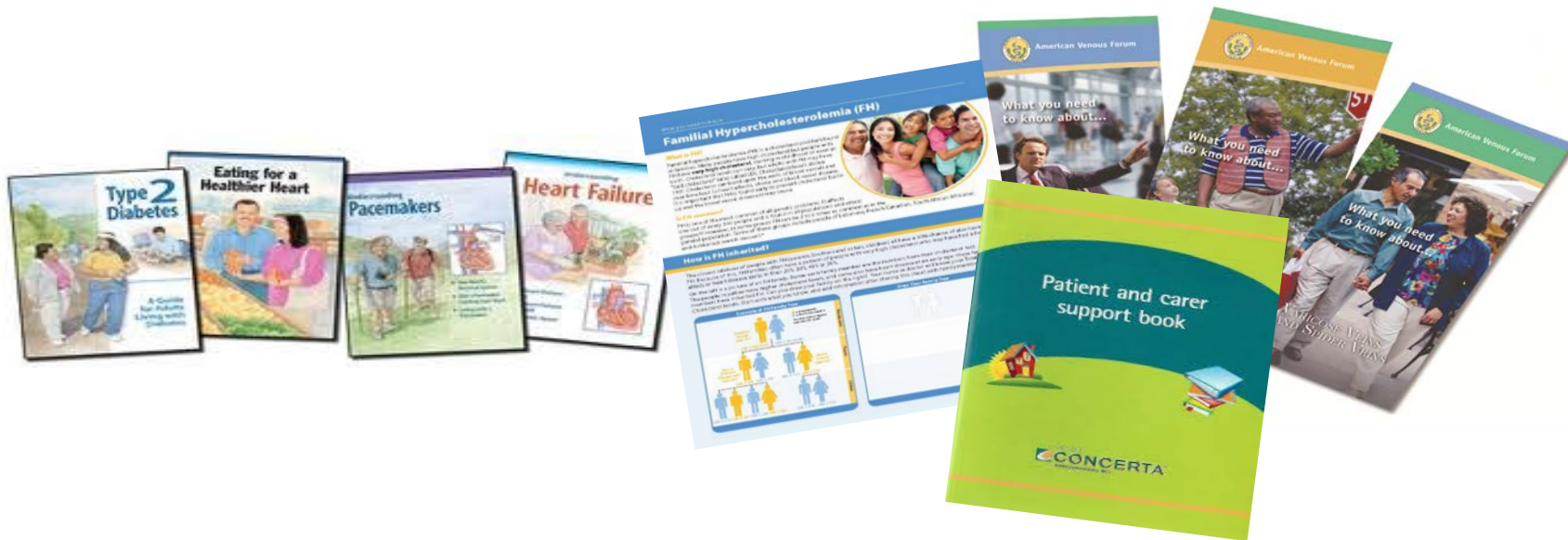
- All EHRs provide the ability to e-Prescribe Favorite drugs, also known as:

- Shortcuts
- One-click prescribing
- Frequently prescribed
- Quick Picks
- Short Lists
- Personal List



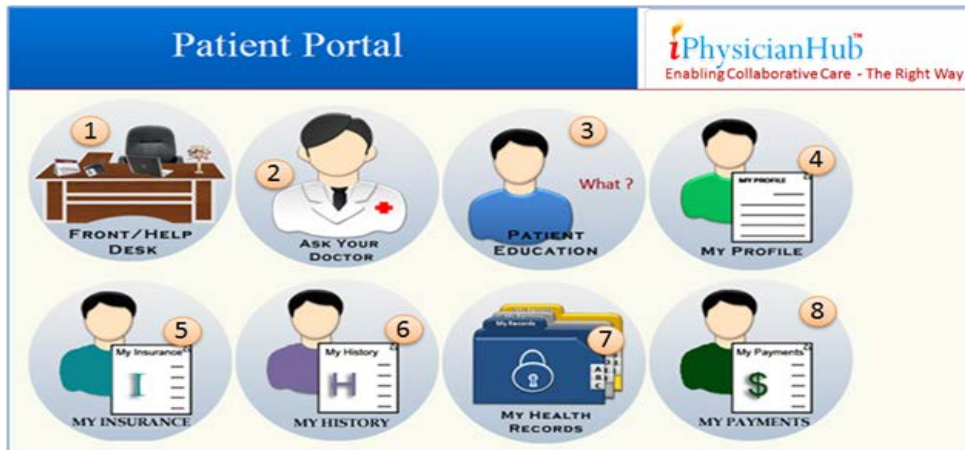
Patient Support

- Reps often carry branded (and sometimes unbranded) disease state educational materials.



Patient Support that Fits EHR

- Rep should be well-versed on:
 - How patient support materials fit prescriber's workflow
 - If and when practices utilize patient portals
 - What patient support materials may help physicians meet MU2 & MU3
 - Key opportunity for sales pros to engage in more consultative sales and brands to support quality goals



Communicating Formulary Status

- Sales reps & MC Account Executives struggle to communicate accurate formulary coverage (despite “wins” quickly announced & downloaded from HQ)
- Plans always have carve-outs that do not jive with data shared by reps
- HCPs rely on EHRs to pull in patient coverage for plans based on identifiers (first name, last name, age, gender, birth date) uploaded from previous night

PROVENTIL HFA
(albuterol sulfate) Inhalation Aerosol

FORMULARY STATUS UPDATE IN INDIANA

PLAN NAME	STATUS
Anthem of Indiana	Tier 2
MDwise	On PDL
SIHO	Tier 2
Advantage Health So	Tier 2
Wellborn Health Pla	
Humana	
PHP of N. Indian	
CVS / Caremark	
Medco	
Express Se	
Indiana	

Asmanex
Formoterol Fumarate Inhalation Aerosol

PREFERRED ON THE MAJORITY OF HEALTH PLANS IN INDIANA

PLAN NAME	STATUS
UnitedHealthcare	
Anthem of Indiana	
Humana	
Humana Part D	
Wellborn Health Plans	
SIHO	Tier 1
CVS / Caremark	Tier 2
Medco	On PDL
MDwise	Tier 2
	On PDL
	On PDL
	On PDL

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Schering-Plough
11/07

Physicians Choose From Formulary Alternatives

- Reps need an understanding of the variable timing that governs updates to EHRs:
 - Reps are disadvantaged as Payers/PBMs supply coverage data to EHRs
 - Appears at point of prescription
 - Always includes lowest co-pay or tiered alternatives

Name	Formulary Status	Name	Formulary Status
Product 1	✔ \$ 4 copay	Product 1	✔ Preferred Level 3
Product 2	✔ \$30 Copay	Product 2	✔ Preferred Level 1
Product 3	✔ \$30 Copay	Product 3	✔ Preferred Level 1
Product 4	✖ \$80 Copay	Product 4	✖ On Formulary, Non-Preferred
Product 5	✖ 50% Co-ins		✖ Non Formulary
Product 6	⚠ Unknown		⚠ Unknown

Formulary Icon	
✔	The medication is covered by restrictions will be applied.
⚠	The medication is covered by the limitations to determine if
✖	The medication is not on form
⚠	The formulary status of this m

Choose Medication

rhinocort

Back Select Sig ►

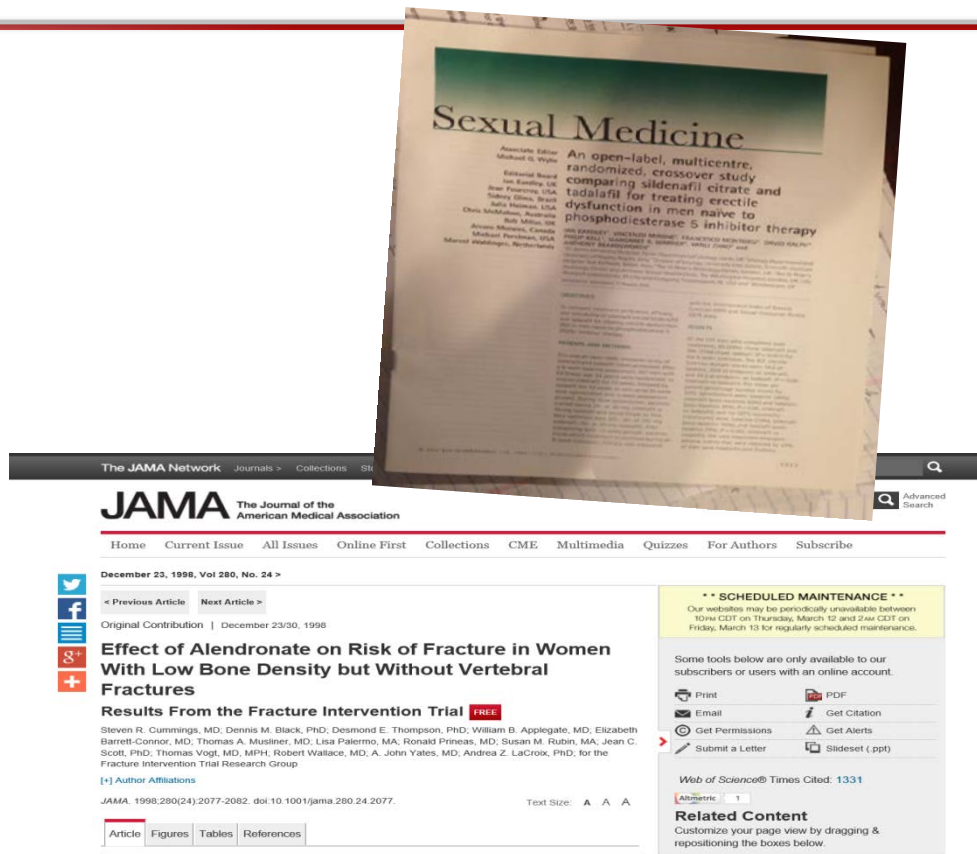
Drug Name

Rhinocort Aqua

	Higher preferred level is better.
	The medication is on the lowest level of the formulary.
ary	The patient may still receive a monetary benefit if that drug is prescribed.
able	The patient will pay the full cost of the medication.
	The formulary status of this medication is not known.

Target Contact & Activity Tracking

- Sales discussions, reporting AEs, unsolicited requests for information, & sample activity can be uploaded through Wi-Fi-enabled technology
- Clinical Research Studies “reprints” are often electronic
 - Emailed or downloaded
 - Must be tracked as a “gift to physician
- Reps must log attendance
 - lunch-and-learns
 - educational dinner programs



The Evolution of Asking for the Business



- ⊙ Today's rep must consider all stakeholders when asking for the next appropriate patient
 - Who handles e-PriorAuth?
 - Who adds new drugs or controls Rx favorites?



"Dr. may I have your permission to talk to your practice mgr./ IT consultant to add brand X to your EHR system favorites?"

Closing the Sale has gone from "Dr. would you Rx brand X," to "Dr. would you add brand X to your Favorites so it will save you time when e-prescribing?"

Summary



- ⦿ Augment product knowledge with EHR & e-prescribing knowledge
- ⦿ Brand Sales Discussions are shifting to account for Clinical Decision Support and quality metrics
- ⦿ Electronic promotional & support materials that align with workflow are preferred
- ⦿ Capture EHR and CDS use to provide tailored programs

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