

Learning from Experience



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The Canadian Pharmaceutical Marketing Program provides participants with a perspective on the current challenges and best practices for designing and implementing successful brand strategies in today's marketplace. Core to the design of courses in the Program is the involvement of senior industry faculty speakers sharing their experiences and knowledge. It is through their insights that the participants gain "real world learning." This column will feature the faculty speakers' experiences through their topic discussions and the questions posed by participants.

Q While it is understood that marketers must influence the sales force to maximize tactical implementation, why is it so important that the marketing department listen to the sales force?

A The relationship that exists between sales and marketing is such an important one. It only makes sense that the two partners will benefit if they listen and respond to one another. Organizations insist upon executional excellence of the marketing plan (as they should!). Timely feedback regarding the acceptance, value and outcomes of tactical plan implementation is critical. The quickest, most accessible and frankly, the most effective way, is through the sales force.

Even more important than tactical feedback, is ongoing communication around the dynamic change of local environments. Increasingly, some of the most valuable programs are those designed to meet specific customer needs, within the framework of the core product strategy. So, rather than "pushing" programs onto our customers, customers can "draw" what they need. One of the most effective conduits to make that happen is the sales force. The ultimate compliment for a local representative is the adoption of a great local initiative into next year's brand plan. This is the power of a productive partnership between sales and marketing.

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The Influence Pyramid has been a standard model for illustrating the impact that the opinions and influence of a small number of international and national key opinion leaders can have on a much larger number of community specialists and GPs. Is this a relevant model to continue using in today's healthcare environment?

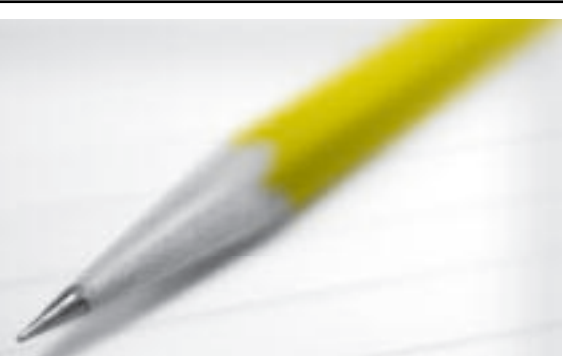
The Influence Pyramid will always be an important concept since the value proposition of the product comes ultimately from clinical and humanistic outcomes data. Key opinion leaders play an integral role in trial design and implementation and ultimately, the clinical interpretation and dissemination of data.

Having said that, the healthcare environment is rapidly evolving. The advent of Regional Health Authorities, Local Health Integration Networks, Hospital Networks and Primary Care initiatives has created an even larger number of "influence networks"—both official and unofficial. The concept of "influence networks" throws out the idea that there is a top-down approach to influence in the healthcare community. Within an "influence network," influence flows up, down and from peer-to-peer. The new breed of key opinion leader is a local or regional healthcare provider—an individual or a team, who is influenced by someone and then, in turn, influences someone else.

We as marketers need to recognize these "Influence Networks" and partner with them to provide the tools and programs that they need. This will increase the value we provide to the customer through a more customized targeted marketing approach.

Although a particular network may have its own issues or opportunities; one of the great insights that the sales force can bring back to marketing is the identification of commonalities among these seemingly disparate networks. Everybody wins! **CPM**

This opportunity to 'Learn From Experience' is based upon a presentation by Michael Houlahan entitled 'Sales Force Influence' to the participants at the Humber 'Marketing Pharmaceuticals in Canada' Program run in partnership with Pangaea Training and Development.



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