

Ashfield Commercial



# An **'At your service'** model to help pharma be more patient-focused

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Service Team Strategy Partner at Ashfield



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Change is not something most people or companies relish. However, there is truth in the old adage: 'The definition of insanity is doing the same things over and over and expecting different results' (variously attributed to Ben Franklin, Mark Twain, Albert Einstein, and Rita Mae Brown!).

For John Gerow, a Service Team Strategy Partner at Ashfield (part of UDG Healthcare), enacting change is not only exciting but essential. John has been a senior leader in the pharma industry for 20 years and is still passionate about challenging the traditional commercial model and finding new ways of working. In line with the industry's commitment to patient-centricity, he has helped lead the global launch of AstraZeneca's multichannel marketing capabilities and pioneered the 'service rep' model. Dr Nicola Davies spoke to him about this journey.

# The traditional pharma sales model

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For many decades, pharma and other industries have used a sales model that relies on finding and training reps who can call on customers to promote and sell their brands. In pharma, the ‘three key product messages’ approach has been used by many companies, along with supporting reps to build a good rapport with their customers to enable better customer relationships and improved sales. It has become increasingly apparent, however, that this model should continue to evolve in response to the changing priorities of healthcare.

Within Ashfield, the sales model has evolved in a number of ways to answer these challenges. For example, we’ve invested in advanced, customer-focused sales training and have developed our contact centre services to both reinforce teams in the field, and act as stand-alone selling teams. These sequential innovations help pharma succeed as accessibility continues to decrease. “However,” Gerow explains, “our service rep model is transformative. It turns the traditional selling model on its head by delivering commercial outcomes without selling at all.”

# The service team model

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The new model was introduced about 7 years ago, so there is a track record to measure its success. A sea-change took place when Gerow developed the service rep concept which would focus purely on providing value to patients, not on promoting a brand message. “The model truly puts a company’s desire to be customer-centered into action,” says Gerow. “Doctors and nurses are focused on patients and this channel is designed solely to support this interaction. As a result, it resonates really well with clinician customers.”



# How the model works



**“It is essential that these service reps understand that they are not trying to sell a product or promote a brand in any way.”**

In order for the new model to succeed, it is necessary to look for completely different staff who have a service approach rather than a sales profile. “The new reps can come from any industry, but ideally should not have pharma experience,” says Gerow. Their job is to see nurses and physicians every day, but their conversations are only about improving the lives of patients. “It is essential that these service reps understand that they are not trying to sell a product or promote a brand in any way.”

Gerow stresses that the traditional model of having sales reps shouldn’t be abandoned and will remain an important part of the marketing approach. As he explains, “Any marketing effort needs to be in accordance with the life cycle of a particular product. The service rep model can be applied at any stage, with the right strategy and execution. For example, when a company is launching a new product, physicians need education and science, along with a discussion of how this product differs from others in the market. Receptivity to sales reps is therefore high at this stage. At the same time, physicians want to better support patients as they initiate new treatments or switch therapies. Therefore, the service rep team is the perfect partner to the sales force in meeting customer needs.”



**“It’s about learning to support your customers to meet their goals versus always trying to achieve ours.”**

Once a product has been on the market for a few years, healthcare professionals are already using it and can be more resistant to spending time with a sales rep. Service reps can make a marked difference here, and help manage the life cycle with the service they provide. “We can learn from other industries that take care of their customers rather than trying to sell to them every time they walk in the door. It’s about learning to support your customers to meet their goals versus always trying to achieve ours,” says Gerow.

# The role of the service rep



From the outset, reception from customers to these service reps has been very high. Not only are service reps precluded from selling a brand, they are also asked to minimise the social conversation that sales reps are schooled in, to enhance a relationship. “Thus,” says Gerow, “they don’t take time discussing the weather or if the doctor

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had watched the British Open.” The calls are very structured and last no more than 2 minutes. “This isn’t much shorter than the usual time for a sales rep” he adds.

Wherever the service rep model has been introduced, access has increased “for the simple reason that physicians see the value in this channel,” says Gerow. The service reps are truly focused on the reason for their call. They provide a nugget of genuinely helpful information that will benefit the patient, and then leave. Gerow feels that, “This really allows pharma to stand behind what it does as an industry, which is to deliver great products to patients.”

Gerow stresses that the model is not a ruse to build better relationships that allow the sales reps better access, “The service reps are truly authentic about their mission to serve patients. As a result, they have high job satisfaction and good retention.”

## The difference between the service rep model and traditional sales

In order for this model to work, it has to be purely service orientated, which is why the profile for these reps doesn’t include a sales background. In addition, the service reps aren’t over-trained on any of the products. “We don’t want them slipping into a features and benefits mode of conversation. If the doctor wants more information about the product, our service reps refer them back to our medical team. The more the conversation is separated from the product and onto the service, the more credibility the team has.”

Interestingly, Gerow mentions that changing a sales rep into a service rep has never worked. Even when management have felt that a salesperson is actually more service than sales orientated, the switch has failed, which is why new people are brought into the service rep roles. The model isn’t dissimilar, he says, from that introduced by Lexus, where the person who sold you a car is different from the person who assists you in a service-oriented way when you pick it up. “This model proved so successful in increasing brand loyalty, that other motor companies have now also introduced it,” says Gerow.

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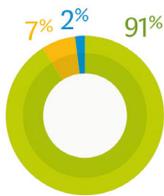


**“Put yourself in the shoes of the doctor or nurse. Wouldn’t someone on hand to provide useful and practical patient support make your life easier and help you do your job better?”**

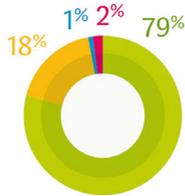
In keeping with this clear differentiation, the service reps aren’t given sales quotas, and they are not measured in any way with respect to a brand’s performance. Instead, they are evaluated on the customer satisfaction of physicians, and incredibly high results in the high 80–90% have been achieved. These results have consistently been higher than the customer satisfaction scores of the sales teams. This was not surprising to Gerow, who explains, “Put yourself in the shoes of the doctor or nurse. Wouldn’t someone on hand to provide useful and practical patient support make your life easier and help you do your job better?”

The service reps are paid bonuses, but this is measured on a ‘net promoter score’ and centers on meeting the expectations of the customers and delivering value to them. Service reps are required to have a monthly visit to a clinician’s office and to deliver services that are consistent with the model. This means that the marketing department is tasked with coming up with patient-focused services. “It doesn’t have to be big or complex to be life-changing,” explains Gerow. “For example, service reps could provide food guides for patients with rheumatoid arthritis, with alternative foods that will not cause an inflammatory response.”

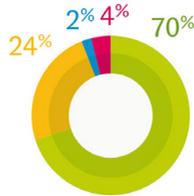
## Positive customer feedback from a service team programme



Valuable to patients



Valuable to physician



Valuable to office staff



**Overall satisfaction**

Respondents were asked to rate their satisfaction on a scale of 1 to 7

1 = Not at all satisfied      4 = Neutral      7 = Extremely satisfied

US data, 96 respondents

# How has the service rep model affected the bottom line?

“Profitability with this new model has gone up,” says Gerow. The success comes from either increasing or maintaining sales coupled with decreasing the cost base. With the greater accessibility that service reps achieve, they are targeted to do significantly more calls a day than the sales reps, “so you could reduce your cost per call by 75–80% as a result of including this channel in a marketing strategy.”

## The challenges in implementing this model

**“Our customers love it and the reaction and response have been great.”**

“The challenges never come from the customer,” says Gerow. “Our customers love it and the reaction and response have been great.” The tough part has been shifting the traditional pharma mindset, which feels that it’s a wasted opportunity not to sell when you have an employee in front of a customer. “This is counter-intuitive for the industry,” he says. Leadership is vitally important in this regard and Gerow stresses that it’s impossible to change a model without unflinching support from the top. “We all know people can talk about the need to change the pharma model, but in reality choose to stay with the status quo,” he says. “These aren’t the right people to effect change. You need leaders who believe passionately that this is good for both patients and their commercial model.”

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In conclusion, Gerow stresses that this model fits a 21st Century approach to doing business and the results speak for themselves. He recommends that companies carry out a pilot study to test the model, and is confident that they will find it is valued by doctors, lines up with their mission statements and has a positive impact on the bottom line. “If we can get closer to customers and provide something that they value while delivering great medicines to patients,” he asks “how could this not be the model of the future?”

This article was originally published on [www.eyeforpharma.com](http://www.eyeforpharma.com)





John is currently working with Ashfield as the Strategy Partner on the service team model.

Prior to this John worked for 6 years in global commercial excellence with AstraZeneca and has extensive experience with New Commercial Models (NCM). John has pioneered many new capabilities, successfully launching pharma's first service team model in 2008. He joined the Global Marketing and Sales group in 2010 as the Vice-President of Sales and New Channels, where he led the launch of NCM across 33 markets.

Previous experiences include: Sales, Sales management, Government Affairs Manager, Business Unit Director, Executive Director of Innovation as well as starting his own Marketing Agency.

John holds an MBA from Ivey Business School, University of Western Ontario, Canada.

For further information on delivering the service representative model, please contact John Gerow at [john.gerow@ashfieldhealthcare.com](mailto:john.gerow@ashfieldhealthcare.com)

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