PATIENT CENTRIC: SLOGAN OR STRATEGY IN JAPAN?

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By P Reed Maurer

Walk into any pharma company office in Japan and you will most likely see a plaque on a wall outlining the company's mission. One of the statements will say: "Everything we do is to benefit patients," notes long-time Japan pharma watcher and president of International Alliances Limited P Reed Maurer in his exclusive column for The Pharma Letter.

Is this an example of good public relations? A way to motivate employees? An effective strategy to yield positive business results? Or is it a mere slogan that has little or no effect on employees or business results?

This article draws heavily on my own 54 years working for and with pharma companies in the US and Japan. It is tempting to generalize this experience across an entire industry, but that would be a huge mistake. Each company has its own culture and personality that does not remain static over time.

Early days as an MR

Probably the job in a pharma company closest to patients is that of a medical representative (MR). This is where I started with Eli Lilly (NYSE: LLY) when the first cephalosporin antibiotics were launched.

A few of us sat in on a lecture by a Dr Griffith who monitored clinical trials of Keflin, the first injectable cephalosporin. His presentation was filmed to be shown to the entire sales force as part of the prelaunch product education program. He informed us about the development of the drug and the clinical trial results which were very positive across a spectrum of infections.

To conclude his talk, he told the story of a man in Kentucky who had a leg infection unresponsive to every antibiotic, so his doctors were on the verge of amputating the leg. Before doing so they contacted Lilly to ask if the yet to be approved Keflin could be supplied for their patient.

Lilly agreed and the antibiotic was sent to the hospital by special courier. Keflin knocked out the infection and the leg was saved. When Dr Griffith came to this part of the story he broke down and cried at the sheer joy of a "miracle" cure. The film had to be redone and then redone for a third time before Dr Griffith could get through the story in a composed, but still dramatic fashion.

Keflin was launched soon after and within three weeks the stock was exhausted and only a limited supply was available for the most severe cases. It was obvious the patient story motivated the sales force to talk about Keflin with a passion. Their belief in the drug was deeply felt and this positive attitude captured the minds of physicians across the USA.

My second experience came when I was MR covering the hospitals in Washington DC. A psychiatric hospital was using the Lilly drug Brevital (methohexital), a short acting anesthetic, to put patients asleep before electroshock therapy (EST) was administered. A physician informed me patients were complaining of pain in their arms when the drug was administered IV.

I was invited into the room to observe the treatment procedures. It did not take long to note Brevital was stored in a refrigerator and taken out immediately before administration. The "pain" was the result of ice-cold drug cursing through a vein. My advice was to remove the Brevital from the refrigerator 30 minutes before injecting. At room temperature there were no more pain complaints.

Early days in Japan

Because most Lilly drugs were promoted and distributed by Shionogi (TYO: 4507), my early teachers were their sales' people. I observed their MRs waiting for surgeons outside operating rooms to discuss patients - their conditions and value of a Lilly cephalosporin to treat infections. The patient names were known by the MRs, often a surprise to attending physicians.

A good MR knows the doctors called upon, ie, the drugs they prescibe, why, and for what conditions. In other words, they find out who are their competitors. The best MRs also get to know the type of patients seen by his or her doctors

A pediatrician does not often have an occasion to prescribe a drug for diabetes. A psychiatrist rarely prescribes antibiotics for upper respiratory infections. These are obvious examples but think of this dichotomy between an MR and an MD:

MD is trained to do a proper diagnosis, treatment follows.

MR is trained to talk about treatment with a specific drug.

In my first sales territory a busy pediatrician listened politely to my pitch about an antibiotic prepared as a granule and reconstituted with water to be administered with a spoon. I was halfway into the product virtues when the doctor stopped me and said:

"Mr Maurer, do you know the real reason why I prescribe your antibiotic?" In my mind the following seemed to be logical answers: bacterial spectrum, side effect profile, clinical studies, etc. Fortunately, I stayed silent as he answered his own question.

"Your bottle has a plastic lip which prevents the antibiotic suspension from dripping when poured into a spoon while mama is dealing with a crying, not very happy child. That non-drip lip makes my parent's happy and happy parents make my day."

Funny business

We are in a funny business. Our promotion is directed to a person who prescribes versus consumes our products. We rarely use or consume the products we promote. Our training is focused on product features akin to what a Toyota salesman learns about cars.

Practically every MR can learn about a drug or through a phone device tap into a library of product information. But, besides the plaque on the wall, what motivates a pharma company employee, not just an MR, to learn about patients?

Successful companies are answering this question in multiple ways. This is not rocket science, answers are easy to find if you create opportunities for employees to know patients. A long time ago management guru Peter Drucker said: "Know your customer." We have an obligation to know two customers, doctor and patient. This is not funny – it is a serious but very satisfying business. Selling cars does not even come close.