PART III

ALTERNATIVE METHODS OF PROMOTION

The most spectacular effect of globalization in the Internet era is the fading out of geographical boundaries The new tools of communication have thrown open new opportunities for a marketer to interact with the target audience. Traditionally the market place for pharmaceutical industry has been the consulting room of a physician or the out patient department of large hospitals The e-marketing tools have shifted the market place from the four walled chambers to the screen of computers and televisions.

In future, the sales and marketing of pharmaceutical products is likely to focus increasingly on e-business. This shift will significantly impact the way the pharmaceutical industry interacts with physicians and other health-care providers.[1]

Traditional methods of promotion are costlier and their reach is limited. While the sales persons are not likely to be replaced by new communication technologies, smart pharmaceutical companies will integrate the Internet in their overall communication plan. They will use the Web for what it does well and use the field force for what it does well.[2] The medical representatives and the Web can then be integrated/cross-referenced for maximizing their effectiveness. Medical representative is an effective sales tool. At the same time, he is very expensive. The Internet provides a new tool, which has some interactivity. While medical representatives do certain things better than the Internet, the Net does certain things

better than a medical representative can do The Internet is accessible twenty-four hours a day, seven days a week, round the year, and is comparatively less expensive At the same time it must be conceded that the Internet alone cannot create awareness for new products amongst physicians. The sales objectives can be realized with the smart use of both these tools.

The alternative methods of promotion may include, besides Internet, DTCA (Direct to Consumer Advertising), direct mailings, communication through interactive cells, emails, dial-ups, websites, tele-marketing and employing contract medical representatives.

Thus it can be posited that,

The physicians would like to get information about prescription medicines from sources other than conventional sources, if they are authentic and save their time and energy.

3.1 INTERNET- THE NEW PROMOTIONAL TOOL

A survey of consumer attitudes by IT management consultancy, DRUID, concluded that the patients are not getting to see their doctors as quickly as they would like to; and even when they get an appointment, they feel that they could have been treated in a little better way. As many as 56% of the patients had to wait for a week or longer before they got an appointment with their physician. Only 22% of the patients got an appointment on the same date they called up their doctors. 29% of the patients hated to be kept waiting in the reception room of their physicians.[3]

Druid's report further suggested that majority of people visit their family doctors at least once every six months. A hefty 50% of the respondents participating in the survey conceded that they would be happy to use the Internet to book appointments with their physicians online

After sexually related websites, health sites are believed to be among the top three most popular Internet sites frequently visited by Web surfers. These sites provide every, and any information related to health problems. Up to 1995, hardly any pharmaceutical company had a website, now almost every pharmaceutical company has a website. There is information on every disease, every treatment course and every drug. There are health sites, which provide information for a group of diseases and their treatments.[4]

"The Internet is changing the healthcare industry dramatically", states V. Rishi Kumar, in an article published in *Business Line.* He thinks that the magic wand of Internet has touched every aspect of our lives and healthcare is no exception. The healthcare industry is fragmented, as there are numerous players. In US, there are 280 million consumers, 600,000 physicians, hundreds of insurance companies, thousands of clinical/pathological laboratories and pharmacies They transact business day in and day out, which generates unmanageable volume of information. Earlier there existed no system, which could connect these fragments of the healthcare industry. The Internet came along and provided the standard of connectivity. It created a benchmark of connectivity and information flow, which is accepted and recognized the world over by all the players of the healthcare industry. The Internet is the perfect medium.[5]

Rishi Kumar further states that in May 1999, 36% of the Americans went online for information and healthcare. Healtheon Corporation, US is a company which specializes in applying Internet technology to healthcare industry. The company boasts of connectivity to 200,000 physicians in US This implies that one third of the medical doctors in US use the Internet for one or other purpose related to healthcare The US Government has enacted a statute, called HIPA (Healthcare Information Portability Act), which stipulates standards for transactions on the Net. The information on the Internet is secured with suitable software Mr Kumar believes that the Internet has empowered the people. The people are more informed patients. They know about the diagnosis. The world between the doctors and the patients is shrinking.

A lot of information is available on the Internet The healthcare sites offer information on symptoms and diagnosis of various diseases, their treatment course and follow ups. They provide information on individual drugs, their advantages and drawbacks. They also provide comparative information on various drug molecules for treating a disease condition. Some healthcare sites offer a list of preventive measures to check advancement of lifestyle diseases and metabolic disorders related to modern life. The healthcare sites offer a holistic approach to mitigate and treat physical and psychosomatic disorders.

To the physicians, the Internet media offers various CME (continuing medical education) programmes, online seminars, workshops, conferences etc. The websites of pharmaceutical companies offer promotional information of their products. Individual drug monographs are critically treated by NGOs and other neutral

healthcare websites. E-groups of doctors interact incessantly all over the world discussing about various disease conditions in general and critical patients in particular. They advise, connect, co-ordinate and guide the physicians the world over. The national and international boundaries separating the physicians across the borders have blurred. Expert advice can be received and dissipated from one end to another end of the world within a fraction of a moment

Physicians' Online, Inc. is an organization based in Tarrytown, New York. It operates a leading medical information network for physicians, called 'Physicians' Online Network (POL). It provides a secure, physician-only environment and leads to medical databases like MEDLINE, clinical symposia with peers and national experts, CME credits, daily medical news, recruitment services, private email accounts and Internet access. A study conducted during 1998 by IMS-America concluded that doctors are more likely to write prescriptions for products they encounter online. It conceded that physicians who viewed messages about drugs on POL wrote more prescriptions for those drugs than did similar doctors in a control group. This study initiated by POL compared the prescribing behaviour of POL's physicians with that of all physicians in the National Prescription Audit. The study found that the physicians who had viewed POL's online messages about a drug prescribed up to 14.2% more of that drug per month than did the control group.[6]

Another study from Fulcrum Analytics and Deloitte Research, titled, " Taking Pulse: Physicians and Emerging Information technologies" examines the uptake of emerging information technologies by the physicians. The results of this study are based on interviews with 1,200 practicing physicians in the United States. According

to this study, 85% of the physicians have a computer system in their work place About 75% of the physicians participating in the study have access to Internet. Most physicians utilize the Internet to access information, and many of them have developed their own websites.[7] The authors of the study reported, " At the top level, we see the Internet and technology slowly being incorporated into the practice setting However, for most physicians, integration at the point of care remains a goal of the future. For now, online access for professional purposes remains limited primarily to basic functions such as information access and retrieval" Forty-five percent of the participating doctors report that it is a benefit when patients bring the results of Internet searches with them to their clinics. More than one-third of the respondents agreed that the Internet helps patients understand and discuss their needs, and 56% believed that patients who access health information online were more engaged as members of the health team. The survey further reported that although a growing number of sophisticated applications, such as e-prescribing and electronic medical records are being marketed to physicians; many of them have not been successful in winning the favour of the physicians. The authors conclude, " Many online alternatives have yet to provide a compelling argument for physicians changing workflow in their practice. Like the consumer who shops for prescription information online and then purchases offline, the primary online activities are still largely limited to basic functions involving static information access and retrieval."

Internet has helped eliminate physical borders amongst various countries of the world. There has always been a market for pharmaceutical product purchased without a prescription, and for drugs not approved by regulatory agencies in a particular country. Earlier, the approach was through illegitimate routes. Now the

internet takes you right to the source Any medicine you want, which is legally not allowed to be purchased in your country, can be ordered with the click of a mouse. For example, an American looking for a cheaper generic drug need not go to Canada to buy it; it can now be ordered through the Internet. The delivery arrives through postal or courier service and nine out of ten times it escapes the vigilant eyes of the law enforcers [8]

The Fulcrum Analytics and Deloitte Research study, as elaborated earlier in this chapter, suggested that the rate of adoption of information technology is dependent on the relative impact that a particular technology will have on physicians' activity. According to the study, "Technology does not exist in vacuum, information technologies must create incremental value when compared to the existing process and the accepted tools that physicians already rely on today. (e.g. phone, fax, paper based charts, records etc) The physicians will not adopt something just because it is new. It must create real and sustainable economic value, ideally economic value that accrues to them personally and to their practice. If not, physicians must be directly compensated or reimbursed for promoting adoption of a shared benefit that is ultimately in the public interest."

The impact of Internet on the prescription behaviour of physicians presumes widespread use of Internet by physicians. It is therefore imperative to find out what is the extent of use of Internet amongst the physicians. Unfortunately, there appears to be a significant gap in publicly available information about physician usage of the Internet. In 1997 the British Healthcare Internet Association (BHIA) initiated a survey of General Practitioners. The survey concluded that just fewer than 13% of UK

General Practitioners had an Internet connection in summer 1997, and they used it on average 4 times a week.[9]

Another report published in 1998 suggested that 15% of the UK physicians had Internet access. 81% of the physicians, who had access to the Internet, said that they had accessed the Net during the previous four weeks On an average this represented twelve visits to Websites over a four-week period by each General Practitioner, spending an average of almost 30 minutes on their most recently visited Websites. 52% of the GPs who had accessed the Net during the previous four weeks said that they had never visited a pharmaceutical company Website.[10]

A survey conducted during September, 1998 and titled as, "Global Survey Points To Increasing Use of Internet By Physicians" concluded that, " A recently conducted study on physicians' Internet Usage documents the pervasive and growing use of the Internet by doctors around the world. This trend is altering, and will continue to alter, the face of communications aimed at medical audiences and the ways in which physicians communicate with their colleagues and patients."[11] This study was conducted in two phases. The outcome of the first phase survey was as under.

- 80% of physicians across eleven North American, European and Asian countries own a computer.
- 44% of these physicians have an access to Internet and they have accessed Internet.
- They log into Internet predominantly from home.

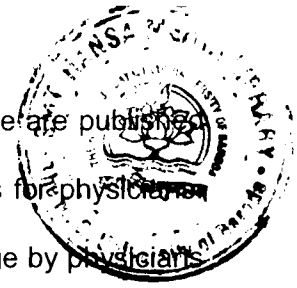
- Those who have not accessed Internet (56% of the physicians owning computers), two-thirds intended to access the Internet soon.
- Overall results suggested that 80% of physicians were online or intended to go online very soon

The second phase of the study was conducted with over 2,500 physicians in 105 countries, who had Internet connectivity. The results indicated that,

- Not taking into consideration time spent on e-mail, the physicians spent half of their time on Internet seeking information on medicines
- 95% of the physicians stated that they accessed Internet for information on diseases, 88% read online medical journals and 86% used Internet for obtaining information on drugs.

This study concluded with a note that doctors' use of Internet was increasing, a 42% increase in the online activity by physicians within preceding three months, and 875% increase in online activity since 1997.

The importance of knowing what percent of physicians use Internet and which individual physician uses the Internet cannot be ignored, as the former helps to develop a business plan and sell it to the top management, while the latter is more useful in tailoring the promotion plan to suit the individual physician. Certainly, the latter is easy to dig out, as the marketing services do provide such data.[12]



It must be, however, noted that most of the studies on Internet usage are published by organizations, which make their living by selling Internet products for physicians. Kush Zan, while responding to an interesting debate on Internet usage by physicians on pharma-marketing, an Internet group comprising of top pharmaceutical marketers of the leading companies in the world, stated that his real feedback showed that in Canada only 14% of physicians actually have computers on their office desks.[13] He refers to two studies published by Healthon group and PSL group, both of which claimed that almost all physicians used Internet. He denies this claim saying that, most of his clients, the pharmaceutical companies, laugh this out, because their medical representatives personally call upon the physicians and know for certain how many of them own computers and of these how many actually go online.

The Druid study found out that despite the fact that the Internet provides alternative method of health advice and consultation, 89% of the respondents had never used it to find out more information on a particular disease affecting them or their family members. 71% of the respondents stated that they wouldn't use the Internet to diagnose their symptoms, before visiting their family doctor; however, 59% stated that they would like to get more information on illnesses. This suggests that the patients use Internet with caution and would prefer to interact on personal level with their family physician on health matters.

The study also observed that 85% of the respondents wouldn't use the Internet for obtaining prescription drugs directly from manufacturers. This neutralizes the expectations of many a pharmaceutical company to expand business deals through Internet. While 20% of the respondents believe if the pharmaceutical companies start

supplying drugs directly to patients through Internet they would be spared from the long queues at the GPs clinics, majority of them are apprehended that if it so happens, the business would not be properly regulated.

Thus there are diverse opinions on the feasibility and utility of Internet not only in healthcare matters, but also on the extent of the use of Internet itself by healthcare providers. The consensus prevails that the physicians would like to receive information on medicines and diseases from other than conventional sources, subject to the condition that it is authentic and saves their time and energy.

Therefore it is posited that,

The physicians like to use Internet for availing information on medicines.
The physicians prefer to read online journal articles/new product information etc. on Internet.

The physicians believe that Internet is a powerful medium for keeping them update in their profession.

When the physicians are faced with a difficult disease/ condition, they would prefer to approach interactive sites on Internet or consultation with experts who can help them help their patients.

3.2 DIRECT-TO-CONSUMER ADVERTISING (DTCA) OF PRESCRIPTION DRUGS

The Food and Drug Administration of the United States for the first time allowed Direct-to-consumer advertising of certain drugs, in August 1997. The FDA also issued certain guidelines the drug companies were required to adhere to The guidelines allowed drug makers to name their products and discuss their effectiveness without including a full list of possible side effects. However, the FDA requires the advertisers to tell the consumers that only the doctors can prescribe the drugs and that they can get more information by consulting a physician, a print advertisement, a website or by calling a certain toll free telephone number.[15] New Zealand is another country where DTCA is permitted. Barring these two countries prescription drug advertising is restricted only to professional medical and pharmaceutical journals. DTCA is not permitted in the United Kingdom and all other European countries In these countries the drug companies outplay the regulators by designing advertisements, which describe a disease condition with subtle hints that the company offers a cure for the disease.[16]

DTCA has been around since early 1980s The first prescription drug advertisement, which promoted Eli Lily's anti-arthritic drug 'Oraflex' was released in 1982. The FDA imposed a moratorium on this marketing strategy in 1983, then lifted it in 1985.[17]

Proponents of DTCA claim that it provides educational information of prescription drugs directly to the consumers and makes them aware of new therapies. It also motivates them to seek advanced care through consultation with their physicians However the public institutes have alleged that the pharmaceutical companies have

been providing information of suspect quality due to their profit motives. They believe that the public health value of DTCA is negligible [18]

Hollon however, concedes that the pharmaceutical industry's right to the bottom line is legitimate. He also agrees that the industry could make such huge contributions to the healthcare because it exists and it can exist only if it can generate profit. He also notes that the industry has had notable success with DTCA. Active promotion of nicotine patches to consumers made the drug an 800 million product. Aggressive marketing of Schering Plough's 'Claritin' made it a market leader with 56% market share in a 1 8 billion non-sedative antihistamine market. The US pharmaceutical industry responded with increased spending on DTCA: the spending increased from US$ 13.1 million in 1989 to over US$ 900 million in 1997.[19] During the year 1999, it touched US$ 1.9 billion, including the online DTCA spending of US$ 37.5 million. The projections for 2003 are to the tune of US$ 3.8 billion and US$ 160.4 million respectively for total DTCA spending and DTCA online spending.[20]

Hollon cites a study conducted in 1992 which, reported that 85% of patients asked for a drug by brand name in 1992, up from 45% in 1989.[21] Another report stated that 63% of the consumers could not assert with confidence whether they were being misled by prescription drug advertisements [22]

The act of issuing a prescription is the culmination of a complex set of decisions a physician has to make. Consumer advocates of DTCA argue that advertisement of prescription drugs will shift the prescription decision from physicians to consumers. It may be a landmark in the physician-patient relationship, which will give greater command to the patients on their healthcare.

The pharmaceutical marketers believe that creating consumer (patient) demand by DTCA is now an achievable goal. The catch is that such demand generation will take away the protection that a patient avails, which is the result of requiring a physician to consider seriously a patient's need for a drug, and then prescribe the drug. Neither the patients nor the physicians are immune to advertisement campaigns Nevertheless, the education and training imparted to the physicians enable them to correctly interpret the promotional materials for prescription drugs. The consumers are not expected to be experts on this matter and hence are more likely to be misled at times.

The debate concerning the DTCA is getting hot in the medical and pharmaceutical circles. Alan Holmer, president of Pharmaceutical Research and Manufacturers of America, believes that direct-to-consumer advertising merely motivates patients to learn more about medical conditions and treatment options and to consult their physicians[23]. Hollon, in the article published in *JAMA,* as cited earlier, does not agree with Holmer, when he states that the quality of information is of suspect nature. Holmer argues that direct-to-consumer advertising encourages millions of Americans to consult their physicians in respect of many under-diagnosed and under-treated diseases. He specially points out the fact that only one third of the 30 million Americans with hypercholesteraemia currently take cholesterol lowering drugs.

As against this Hollon is concerned that the physicians will feel increasingly pressurized to fill prescriptions for patients requesting for prescription of advertised drugs He cites a study carried out in 1989, which concluded that many doctors were making out prescriptions for drugs that were not warranted by the patient's condition.

Patient demand was the most commonly cited motivation for such over-prescription. Differing from this view, Holmer quotes Harvard medical school professor Jerry Avon who remarked that, "no one puts a gun to a doctor's head to write a prescription." He strongly believes that direct-to-consumer advertising is simply one more highly effective method for disseminating valuable information to the patients. He maintains that DTCA empowers the patient with information, not with prescribing authority.

A study conducted by Peyrot M, Alperstein N.M., Van Doren D. and Poli L.G concluded that direct-to-consumer advertising can influence prescription behaviour by increasing consumer knowledge and requests for prescription drugs being advertised.[24]This study examined the impact of DTCA on prescription drug knowledge and the requesting behaviour of the consumers. Media exposure and drug advertising awareness were associated with higher drug knowledge and a greater probability of drug requesting.

A study conducted by a non-profit healthcare research group in Washington suggested a connection between heavily advertised prescription drugs and their sales growth.[25] This study quoted the findings of National Institute For Health Care Management in a report titled, " Prescription drugs and mass media advertising: 1999-2000". The report asserted that retail sales of 50 most heavily advertised drugs raised an aggregate 32% from 1999 to 2000, compared to 13.6% for all other drugs combined. These 50 most heavily advertised drugs accounted for almost one-half of the US$ 20.8 billion increase in retail spending on prescriptions from 1999 to 2000, while the sales increase of the other 9,850 prescription drugs accounted for just over 50% of the one-year rise in retail pharmaceutical spending.

Morgan Stanley Dean Witter's star analyst Duncan Moore states that, "The US market is the critical market for the pharmaceutical industry. That's where you've got the highest rate of receptivity to new products, and also the highest prices. What's more, it's a market that has demonstratively shifted away from being entirely professional to becoming consumer driven. The physicians' role as God is diminishing all the time Much of the value that is created by new pharmaceutical products is value which is recognized by the consumer and not so readily by the payer-provider industry"[26]

As DTCA advances in the international markets, the patients' input into treatment is playing an increasingly important role in drug company marketing. This leads to expansion of the market.

Pharmaceutical companies knew how to advertise to physicians, but they still needed to carve out an approach to the general public. Selling to consumers is a different ball game. The advertising campaigns are generally crafted to create or reinforce a need for a product and then create a response. In the case of pharmaceutical products, the need is to be explained in a language that the public can understand. The expected response is not a purchase, but a motivation for a patient to go and see his physician and ask for a prescription of that drug. The initial response to the DTCA was tremendous and the floodgates were opened up. Patients already on other drugs for a disease asked their doctors for a change in prescription. Patients who were not taking any medicine decided that they needed to take drugs and called on their doctors to request for prescription of the advertised

drugs Doctors, being in business and obliged to keep their patients satisfied began prescribing more drugs

Schering-Plough retained Joan Lunden, earlier the host of the TV programme, *Good Morning America*, to help them sell Claritin, an anti-allergy prescription drug Within six months of the advertisement campaign, this drug became number one prescription drug being advertised and its sales rose by almost one third. Other manufacturers of anti-allergy drugs followed the suit; Hoechst Marion Roussel's Allegra sales doubled, Pfizer's Zyrtec rose by 56%. Merck released full-page advertisements in newspapers for its cholesterol-lowering drug Zocor and offered customers a money-back guarantee. Astra advertised its drug Prosilec, a treatment for stomach ailments. The most heavily advertised disease segments were: cholesterol, smoking, osteoporosis, hair loss, ulcers, menopause and depression. Within six months of FDA's lifting ban on DTCA, 3.2 million more Americans went to their physicians asking for drugs, an increase of 22% [27] Within a year of DTCA made official in US, 30 percent of the patients taking a prescription drug had spoken to their doctors about a drug they had seen being advertised. However, of these only 12% received a prescription for the drug from their physician

Dr. Steve Schondelmeyer of the University of Minnesota's Prime Institute observes that, "Direct-to-consumer advertising for certain drugs has had a dramatic impact on volumes of prescription and expenditures. But even more than the impact on drug expenditures, it creates added costs in the healthcare system. I've talked to many physicians who tell me that the number of visits by patients just enquiring about a drug that they've seen advertised has gone up dramatically. Now, some of those

patients might have needed treatment and they weren't getting it, so that's fine. But a number of those patients didn't need treatment. They're the 'worried well'. The ad induced a visit that wasn't necessary. So the drug companies, advertising for their benefit, are creating additional costs in the healthcare system. Then, with some of those people who don't need any treatment, the doc figures, oh well, maybe a little something isn't going to hurt them so I'll give them a prescription anyway. It's difficult to argue that this is acceptable." [28]

Marketing research has demonstrated that when people go to their doctors and ask for a prescription medicine, as long as the patient's understanding of his disease is correct and the medication is correct, the doctor obliges. But at times when the need for the medicine is less identified and the doctor is willing to meet patient's expectation the request for the prescription drug is complied to.

A study conducted by Louis Harris & Associates for the Harvard school of Public Health in June, 1998 concluded that 3 out of 10 patients who took prescription drugs declared that they had talked with their doctors about a drug they saw being advertised. Out of these 40% conceded that the doctors obliged them by prescribing the drug they had discussed.[29] The unfulfilled prescription demand is another dimension of the whole issue, which needs to be attended to. A survey for Time Inc. suggested that the patients whose prescription requests were not fulfilled considered switching doctors.[30]

A survey conducted by the department of communication, University of California, Davis, USA studied the response of the patients whose prescription requests were

refused by the physicians. The study concluded that disappointment was the most likely reaction(46%). One-fourth of the patients anticipated resorting to persuasion and seeking the prescription elsewhere, while only 15% considered terminating their relationship with their family doctors.[31]

A patient calling on a physician creates business-client relationship and, as such, it is understandable that the client would want to have some say in the results of the call. Asking for a particular drug may well be considered a part of the process. And the physician involved in the process may well feel obliged to satisfy his client.

A study of retail pharmacy sales in urban and rural areas showed an increase in the proportion of direct-to-consumer sales of prescription medicines in India in the 1990s as compared to mid-1980s. In 1994 about 50% of medicines was sold without a doctor's prescription, up from 38% in 1986.[32] In India, like in many developing countries, prescription-only regulations are not strictly enforced. The large majority of these medicines were officially classified as prescription-only, and about 20% of them were antibiotics. Whether or not this trend reflects direct-to-consumer promotion to patients, health professionals or drug sellers is not known. But it may suggest possible role of DTCA in developing countries.

It is apparent that pharmaceutical companies would spend large sums of money on advertising only when advertisements result in more prescriptions being churned out. Research has also suggested that scientifically unsupported information that appears in drug advertising has greater influence on prescribing decisions than the scientific literature.[33]

Presently, direct-to-consumer advertising is limited to USA and New Zealand, but it soon will catch up, as the other countries undergo evolution in healthcare. In India, lack of strict enforcement of prescription-only medicine regulations, has led to issue of prescription medicines without prescription DTCA, when allowed in India will have a major impact on prescribing behaviour of the physicians.

Therefore, it is hypothesized that,

Direct-to-consumer advertisement of prescription drugs, if allowed in our country, would affect the prescription behaviour of clinicians.

The physicians would not mind if their patients discussed with them about some medicines about which they have got the information from journals, Internet etc.; and would like to prescribe these medicines to them.

3.3 DIRECT MAILINGS & TELEMARKETING

The glaring example of CIPLA, a large national pharmaceutical company highlights the use of alternative methods of promotion in the pharmaceutical industry. Instead of medical representatives, the company used courier services to deliver literature, samples and gifts etc. to the physicians' doorsteps. Sandoz carried out a direct mailing campaign to promote its anti-hypertensive drug Visken, which earned the company a phenomenal response of 15% rise in sales after the first round of mailing.[34] This method is equally useful in promoting both palliative therapy or curative therapy.

Direct mailing of promotional materials saves a doctor's valuable time and he is free from the hassles of interacting with a medical representative and facing his demands for increased prescriptions. If the promotional material is authentic and saves the physician's time and energy, it is certainly welcome. Whether it adequately serves the promotional objectives of the marketer is a separate issue, which needs further exploration

Therefore, it is proposed that,

The physicians appreciate if a pharmaceutical company sends them promotional material by courier/postal services rather than a medical representative calling on them and consuming their time and energy.

Telemarketing is another useful new method for pharmaceutical promotion. Telephone is India's largest telecommunication device and its reach has now increased to a large extent. Almost every physician can be expected to have a telephone line. A pharmaceutical marketer can call 25 doctors in an hour across the country. He is not required to travel all over and deliver the message personally.

Wipro used this technique to promote its baby soft soap and powder to General Practitioners in Mumbai. The detailing story was strategically formulated and was well rehearsed. The teledetailing was done by ladies to a group of short-listed general practitioners. The call was followed by a gift. It worked and the doctors recommended the product to their patients.[35]

3.4 e-MARKETING

The key parameter in e-marketing is the ability to attract traffic and to reach as many physicians as possible online The biggest problem faced by today's e-marketers is to create conducive environment to channelise the traffic inroad to company's website by pulling those physicians who are already active with Internet. The current research suggests that consumers are not interested in ongoing relationship with most branded websites. However, online communities are getting increasingly popular. 75% of the surveyed participants were constantly moving between various sites.[36]The research also suggests that doctors are concerned about the objectivity of information and are moving toward health portals in increasing numbers.

3.4.1 e-Cards

The electronic revolution has opened up many possibilities for the pharmaceutical marketer. e-Business cards have been developed by some computer companies, which look like ordinary business cards; but in fact are CDs, which physicians can run on their computers to get a multimedia presentation of the products of a pharmaceutical company. These could be conveniently handed over by the medical representatives to the physicians or could be delivered by postal or courier services [37]

3.4.2 e-Detailing

Mr. Don Paulin of Physician Interactive, who earlier worked with G.D. Searle & Co. (now Pharmacia), invented e-detailing, way back in 1995. Physician Interactive has more than 80-100 prescription drugs that they are detailing over Internet and they are working with around 25 pharmaceutical companies. They have also devised a

system, wherein the physicians can directly discuss pharmaceutical products with the medical representatives via Internet.[38]

Other useful e-marketing tools can be e-CME programmes, e-CRM and e-Market Research. eCRM can eliminate substantial cost and logistic problems by using Internet to reach physicians and broaden educational opportunities. eCRM can provide cost effective ways to increase product sales with virtually no sales force involvement, while e-Market Research can provide access to precisely targeted customer information including. behaviour, demographics, value and attitudes.[39]

3.4.3 Other promotional tools

Myers J. Greers is working with a company, which produces systems that automate communications out of a physician practice to patients in three ways:

1. Appointment reminders and confirmations: automated via customized telephony or e-mail.
2. Laboratory Test Result delivery: via secure phone or Internet line.
3. On-hold MP3 player: plays music, provides information about a practice etc. while patients are put on hold.

This could provide an opportunity for the pharmaceutical companies. A company can think of advertising its products on all three outgoing communications and increase its sales by directly communicating with the patients.

As the information technology continues to grow incessantly, new opportunities and methods would be created for pharmaceutical promotion. The objective of the pharmaceutical industry should be to devise and employ newer methods, which are cost effective and would reduce the marketing expenditure. This may, over a period of time help reduce the cost of pharmaceutical products.

References:

1. Shelton Graham, Driving Pharmaceutical Value: insights into communication strategy, *World Pharmaceutical Developments,* Dec., 2000, p. 17-18
2. Walsh John, communication to pharma-marketing@virsci com, Feb. 2000.
3. Druid IT Management consultancy, Chemicals & Pharmaceuticals, www inpharm com/reports/druidmedinfo html.
4. Robinson Jeffrey, Prescription Games, (2001) Simon & Schuster UK Ltd. p. 249
5. V Rishi Kumar, The Internet is changing the healthcare industry dramatically, Business Line, 26th August 1999.
6 Peranio Steve, Deardorff Frank, Physicians' Online Network, February 24, 1998. www.po com
7. www eyeforpharma com, Pharma-Marketing News, vol. 1, Number 3, March 2002
8. Robinson Jeffrey, op. cit. p. 250-51
9. Cited in the editorial, Inpharm World Review, Issue 9, March 1, 2000, www inpharm com
10. Ibid p.2
11. Ibid p.3
12. Kelley Samuel, pharma-marketing@virsci com July, 10, 2000
13. Kush Zan, pharma-mkting@virsci com, July, 09, 2000
14. Druid IT Management consultancy, op.cit.p.2
15. Freudenheim Milt, The Media Business: Advertising, New York Times, November 17, 1998
16. Robinson Jeffery, op.cit. p.238
17. Hollon Matthew F., JAMA, vol. 281, No.4, January 27, 1999
18. ibid p.1
19. Ibid p.1
20. Syed Umar, pharma-marketing@virsci com January 25, 2000
21. Cited by Hollon Matthew F., op.cit. p.4
22. Whyte J. Direct Consumer Advertising of Prescription Drugs, JAMA, 1993, 269, p.146-50
23. Reuters, January 27, 1999
24. Peyrot M. et al. Marketing Health Services, 1998,Summer, 18(2), p.26-32
25. Frederick James & West Diane, Drug Stores News, New York, Dec. 17, 2001, 23(18), p.58
26. Robinson Jeffrey, op cit. p. 228

27 Ibid, p. 232
28 Cited in ibid p.233
29. Cited in Freudenheim Milt, New York Times, November 17, 1998
30. Freudenheim Milt, op.cit.
31. Bell R A., Kravitz R.L., Wilkes M.S., Journal of Internal Medicine, 1999, Nov; 14(11): p.651-7
32. Mintzes Barbara, Blurring Boundaries: New trends in drug promotion, www.haiweb org
33. Robinson Jeffrey, op.cit., p. 237
34. Dr. Smarta R., Revitalizing the pharmaceutical business, p.131
35. Ibid p 133
36. Gilzene Kerry, Will e-marketing strategies be successful in 2001?, World Pharmaceutical Developments, Dec., 2000, p.20
37. Roberts Doug, pharma-mktng@virsci com, January 3, 2001
38. Sonnenreich Peter, pharma-mktng@virsci com February 28, 2002.
39. Mack John, pharma-mkting@virsci com, February 28, 2002