



## **Pathway Process Explanation and Documentation**

### **SUMMARY**

The Pathway process is designed to deliver the number of sales calls that were agreed, on the physicians that were agreed, with the resources available at the start of the planning process.

The process is designed to help co-ordinate and integrate calling activity from multiple sales forces ensuring a reduction in over calling and a focus on the target audience being seen an optimal number of times for the company, giving the sales representative a clear and achievable sales calling plan

Delivery of a realistic and implementable sales call plan is the end objective of Pathway.

### **BACKGROUND**

One of the key requirements for any company is the need to deliver the agreed number of sales calls for each product on the target audience for each key promoted product. In order to ensure that this happens in the way that the companies senior management expect, it is essential that the sales force are very focussed on the tasks that they have to accomplish both as a group and as individuals.

Given the potential complexity of the situation where there are multiple sales teams, and/or contract sales teams and/or co-promotional partner sales forces, a process of clearly defining the sales plans for the companies, products, sales forces and individual sales reps underpinned by management reporting tools would ensure the delivery of the sales call plans.

The Pathway process enables each rep to see his role within the overall company plan. In addition given the multiple resources now available to many Pharma company senior managers, it is essential to co-ordinate and integrate these resources to maximum effect, rather than just leave the individual sales forces and sales reps and their managers to devise 'silo' call plans in isolation.

The Pathway system is designed to help the sales reps clearly understand what they are required to do as individuals and as part of a sales team. Pathway provides a monitoring system to review where the company and the individuals are at any point in time, relative to the delivery of their plans. It also provide a mechanism for the support functions, such as call centre or appointment bookers and the marketing dept's Physician access mailings to help the sales reps deliver their plans, when there are difficulties or variation from the plan.



## THE PROCESS

The Pathway process starts with the senior management team discussing, agreeing and issuing guidelines on the physician universe to be contacted for the promoted products to an agreed optimal frequency of contact per year by Target group status.

At a sales force-planning meeting the sales calling objectives are clearly outlined by the management team. The spreadsheet below is an example of the output of a meeting between all the sales representatives from 2 salesforces, agreeing which specific physicians are planned to be called upon over the next 12 months and how often and by whom.

### Territory Master Planning document

Physician name	Address	ID Number	Access code		Calls Required	Calls made			Planned calls			Comments
			Target	status		SF1	SF2	Total	SF1	SF2	Total	
Mogens Jørgensen		121				2		2	1	1	2	
Helle Badsberg		1342	Spec	GOLD	4		1	1	2	2	4	
Erik Henning Hansen		1356				1	1	2				
Maj Mortensen		1358			3	1		1	1	2	3	
Peter Haase		1385				1		1				
Per Wium-Andersen		1532	Appt	GOLD	4	1		1	1	1	2	
Hans Jarbøl		1814			3	1		2	1	2	3	
Ivan Thulesen		2144					1	1	1	1	2	
Birgitte Lund		2148									1	
Pernille Winkler		2254								1	1	
Christian Carstensen		2264	na									
Preben I. Holme Jørgensen		2349		SILVER	3	1		1				
Kirsten Mortensen		2598								1	1	
Peter Kjærgaard		2693			3		1	1	1	2	3	
Mogens K. Rasmussen		271					1	1				
Susanne Holme Surlykke		3062	Spec									
Dorte Kann		3073										
Claus Leerhøj Jørgensen		3091						1	1			
Jørgen Arreskov		3487			6	1	2	3	3	3	6	
Christine L. Beiter		3488	na	SILVER	3							
Jens Juhl Otte		3686			4	4	1	5	2	2	4	
Vibeke Ottung		385			4	1		1	2	2	4	
Tyge Fogh		4084			4	1		1	2	2	4	
Annette A. Jessen		217			4	2		2	2	2	4	
Allan Andersson		2430		BRONZE	2	2		2	1	1	2	
Hedin Durhuus		298					3	3		2	2	
Søren Erik Wichmand		3491				1		1				
Connie Kisbye		248				1		1				
Helle Borgstrøm		2529				1		1				
Karsten Hegn Ellehauge		2810		BRONZE	2	1	1	2				
Peter Stæhr		2872				1		1				



## Individual Sales Representative's Master monthly call plan

Having agreed who will be calling on which physicians and with what frequency, each individual sales rep is then required to plan in which month when he/she is going to deliver the number of calls that was agreed. This is the individual representative's sign up and commitment to their delivery of their part of the total company sales call plan.

Physician name	Address & ID	Agreed call total	Plan 2003												Plan TOTAL	Remainer		
			Plan Jan.03	Plan Feb.03	Plan Mar.03	Plan Apr.03	Plan May.03	Plan Jun.03	Plan Jul.03	Plan Aug.03	Plan Sep.03	Plan Oct.03	Plan Nov.03	Plan Dec.03				
Jørgensen	121	1															1	
elle Badsberg	1342	2						1					1				2	
ik Henning Hansen	1356																	
aj Mortensen	1358	1				1											1	
ter Haase	1365																	
r Wiium-Andersen	1532	1				1											1	
ans Jørgensen	1814	1				1											1	
in Thulesen	2144	1							1								1	
gitte Lund	2148																	
ernille Winkler	2254																	
ristian Carstensen	2264																	
eben I. Holme Jørgensen	2349																	
sten Mortensen	2598																	
ter Kjærgaard	2693	1										1					1	
ogens K. Rasmussen	271																	
isanne Holme Surlykke	3062																	
orte Kann	3073																	
aus Leerhøj Jørgensen	3091																	
rgen Arreskov	3487	3				1					1				1		3	
ristine L. Beiter	3488																	
ns Juhl Otte	3686	2								1						1	2	
peke Ottung	385	2							1				1				2	
ge Fogh	4084	2							1				1				2	
nette A. Jessen	217	2							1				1				2	
an Andersson	2430	1							1								1	
edin Durhuus	298																	
ren Erik Wichmand	3491																	
onnie Kisbye	248																	
elle Borgstrøm	2529																	
sten Hegn Ellehaug	2810																	

The above spreadsheet is the monthly allocation of the agreed number of calls from the sales plan. If appointments with individual physicians have already been scheduled, these are shown on the planning document to help the rep to plan to use his/her time most effectively.

Previous call history at an individual physician level, as well as an access classification, the target status, Potential and market share data can also be included on the reports to give a more realistic basis for the selection of individual physicians and the level of the calls allocated to an individual physician.



The representatives and their sales managers, who are responsible for delivering the sales calling plan have reached an agreement on which physicians will receive calls and in total how many calls will be made and by which representative.

Any proposed variations on the number of calls allocated to an individual physician, either higher or lower must be supported by a rationale or evidence, which has been signed off by the relevant line managers.

This document confirms that agreement.

### **Individual Representative Call activity and updating against the plan**

Each representative then works their territory, ideally calling on the physicians they have planned to call on and in the month that they planned.

The next important part of the process is to recognise that as the calls that are made each month are imported into the Pathway model each month from the SFA/ETMS/CRM system, that there will be variations in the actual delivery of calls from the original plan. There will be calls made of physicians that were planned, there will be calls planned to be made on physicians in a specific month which were not made and there will be calls made on physicians who were not planned to be seen in that month. These are the normal variations from planned activity that happen in real life. The Pathway system draws attention to the variation of delivery from the plan and reminds the reps of the need to re-plan based on recent events to still try to deliver to the original plan. Most other systems do not have this highlighting mechanism and very good plans can become impossible to deliver after only a few months if corrective actions are not taken early enough.

The spreadsheet below shows the total call requirement for individual physicians and blocks/bricks with the variation from original plan introduced by recent calling activity. These variations show up as a +/- against the physician or block/brick in the remainder column at the far right of the spreadsheet. The rep's task each month is to re-balance his plan, so that recent variations are corrected and the original company and rep objective remains unchanged, i.e. to deliver an agreed number of calls on agreed individual physicians with the agreed resources at the end of the sales cycle or sales period.



## Individual Sales Representative's Master monthly call plan (Continued)

Physician names	Address	PMI ID	2003 SF	Plan			Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Remainder
				Apr.03	May.03	Jun.03	Jul.03	Aug.03	Sep.03	Oct.03	Nov.03	Dec.03	TOTAL				
Mogens Jørgensen		121	1														1
Helle Badsberg		1342	2			1		1									3
Erik Henning Hansen		1356															1
Maj Mortensen			1														1
Peter Haase																	1
Per Wiium-Andersen			1														1
Hans Jarbøl		1814	1					1									1
Ivan Thulesen		2144	1						1								1
Birgitte Lund		2148															1
Pernille Winkler		2254															1
Christian Carstensen		2264															1
Preben I. Holme Jørgensen		2349															1
Kirsten Mortensen		2598															1
Peter Kjærgaard		2693	1														1
Mogens K. Rasmussen		271															1
Susanne Holme Surlykke		3062															1
Dorte Kann		3073															1
Claus Leerhøj Jørgensen		3091															1
Jørgen Arreskov		3487	3							1							2
Christine L. Beiter		3488															1
Jens Juhl Otte		3686	2														2
Vibeke Ottung		385	2							1							2
Tyge Fogh		4084	2														2
Annette A. Jessen		217	2														2
Allan Andersson		2430	1														1
Hedin Durhuus		298															1
Søren Erik Wichmand		3491															1
Connie Kisbye		248															1
Helle Borgstrøm		2529															1
Karsten Hejn Ellehaug		2810															1

Actual calls for 3 months

Planned calls = 2

Unplanned call made Mar 03

Plan now exceeded by 1 call, remove the May or Sept call

Planned calls = 3

Call planned for Mar 03 missed

Plan now under by 1 call, new call to be scheduled Apr-Dec

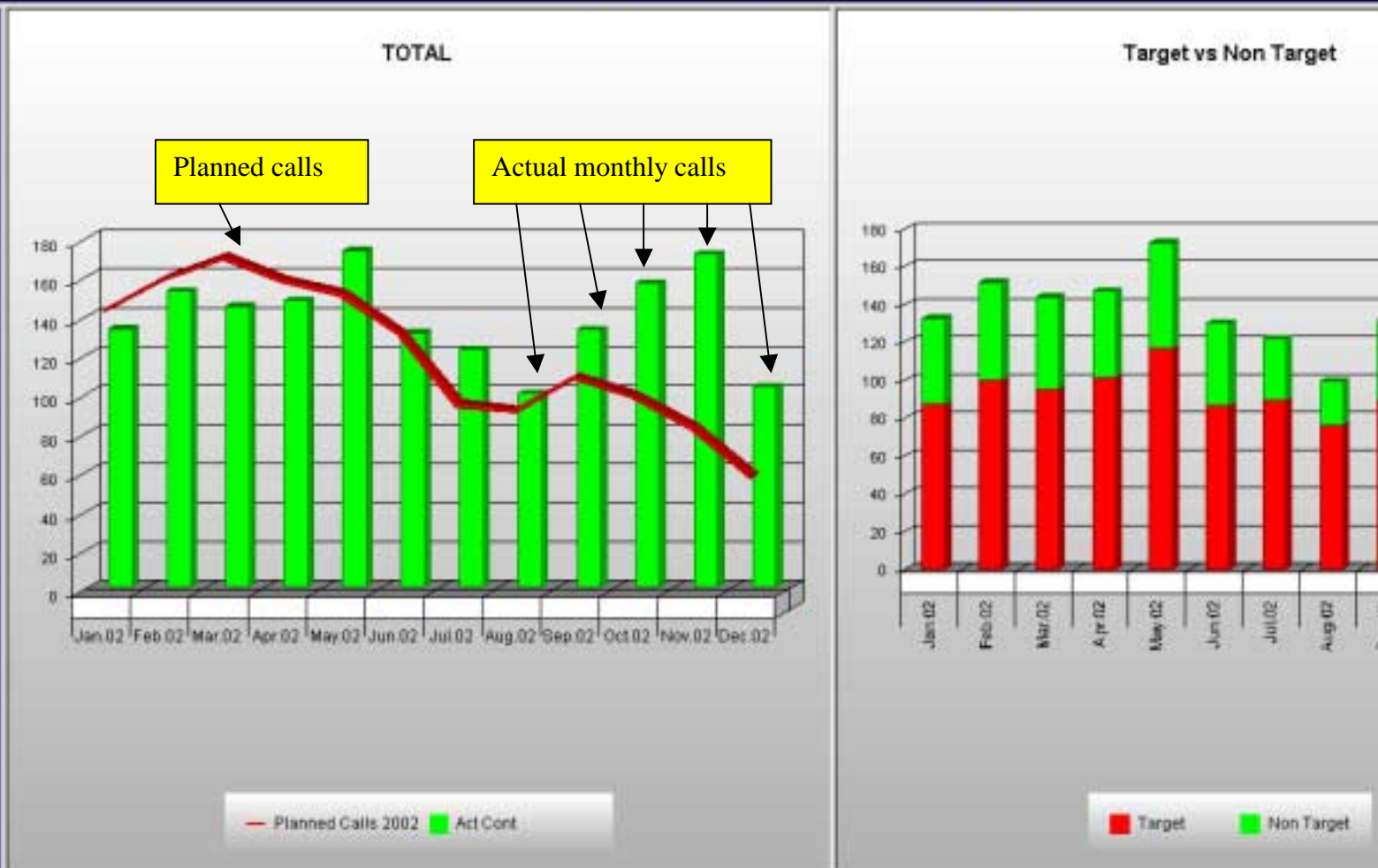


## THE INTERNET OR INTRANET WEBSITE

The mechanism by which all reps and their managers receive information about the current status of plan implementation can be via an external web site managed by Pharma MI or through the companies own Intranet site, supported by the companies own IT resources. Representatives or managers can only access the sections of the Web site containing management reports relevant to them, as the different sections are secure and User ID and Password protected.

To see any report you will need to click on the report and then when prompted enter your User Id and Password.

### Target Vs Non Target : Analysis by Month



		a	b	a	b	a	b	a	b	a	b	a	b	a	b	a	b	Planned Calls 2002
		Planned Calls 2002	Act Cont Jan 02	Planned Calls 2002	Act Cont Feb 02	Planned Calls 2002	Act Cont Mar 02	Planned Calls 2002	Act Cont Apr 02	Planned Calls 2002	Act Cont May 02	Planned Calls 2002	Act Cont Jun 02	Planned Calls 2002	Act Cont Jul 02	Planned Calls 2002	Act Cont Aug 02	Planned Calls 2002
1	Target	146	87	162	100	173	95	161	101	154	117	134	87	97	90	94	76	146
2	Non Target		45		51		48		45		56		43		32		23	
	<b>TOTAL</b>	<b>146</b>	<b>132</b>	<b>162</b>	<b>151</b>	<b>173</b>	<b>144</b>	<b>161</b>	<b>147</b>	<b>154</b>	<b>172</b>	<b>134</b>	<b>130</b>	<b>97</b>	<b>122</b>	<b>94</b>	<b>99</b>	



The example calls v plan management report shown above highlights the number of planned calls that this representative has allocated for the next 12 months. (Red line)

The Green bars show the actual number of effective calls that we made in the period to date. Effective calls in the Pathway process mean calls delivered on physicians that were planned to be seen. Variations from the plan can be identified and remedial action can be taken in time to ensure the delivery of the plan.

The report above also shows the relative calling on target/non-target physicians on a monthly basis. Highlighting any improvements or deterioration on the number and percentage of target physicians seen in any one month and on an on-going basis by and individual sales representative, or team of reps or the combined sales forces at a national level can enable early corrective action to be taken if required.

Drop down menus enable any manager to look at all the reps in his area/region/country. Where the reports are at a territory level there are no drop downs for individual representatives.

#### Other reports (Not shown)

- The details vs. plan report compares the total number of product details with the call plan, and maybe different from the calls v plan report, if there are significant numbers of calls made but where the product was not detailed at the call.
- The Detail exception report lists those important product physicians, who have a call requirement as part of the product plan but where there is still detailing to be carried out to achieve the plan. This is an early warning report and should only contain a small number of physicians, if the number starts to grow then the situation is getting out of control and more drastic corrective action needs to be taken.



## **DOWNLOADING**

The Download section of the site is simple and easier to use.

Each month the calls made in the previous month and new appointments made are provided to Pharma MI, who load the new data onto the site. When advised by their manager once per month each rep downloads the new information, which overwrites his previous months master spreadsheet. This will result in a new series of +/- appearing in the far right hand column of the master spreadsheet that the rep has then to re-balance/re-plan for the remainder of the months left in the year, as previously described.

There are also automatic uploads for all the latest appointments made since the last update into the master spreadsheet.

Updating the calls automatically imports all the latest months calling data. Both of these updates will change the call requirements and phasing for the remainder of the year, which the rep has to re-balance as described above.

## **CALL CENTRE/APPOINTMENTS BOOKERS ROLE**

A call centre or appointment booking service may be in place to provide the sales rep with pre-arranged calls on the physicians they need to see, booked when they need to see them in line with their individual plans. Any new appointments made can be logged in the companies CRM/ETMS/SFA system and each month a new appointment file is sent to Pharma MI along with the latest call file. We upload the new data onto the Web site and each month the call centre or appointment booker can go onto the site using their User ID and passwords, which gives them access to updated versions of each rep's plans. Variations from last months plan will be flagged up when the latest calling is uploaded, so the call centre or appointment booker will know each month where any new appointments should be made and for which PHYSICIAN on which territory and for which rep.

## **PHYSICIAN ACCESS MAILINGS FROM MARKETING**

At any point in time looking at a managers view of Pathway will identify physicians where there are no appointments made where the reps still need to call to detail a product. At a national level a list of these physicians can be downloaded from the Web site as an Excel spreadsheet, which in turn can be used as the mailing list for an Access item for the product.

Access mailings sent to Physicians where the reps have already made the required calls or have appointments booked, which will deliver the call requirements for specific Physicians are clearly wasted. Knowing this and sending mailings to the Physicians who are not in this group that you still need to see, is a very efficient way of using a marketing access tool.