



# The Engagement Challenge at 55 Corporate Medical Center

Located 45 minutes outside the metropolitan area, 55 CMC has a blend of commercially insured and Medicare patients. The practice is associated with the local teaching hospital and has been a cornerstone of the community for 30 years.



## PAT Receptionist

[WORKED AT THE OFFICE FOR 12 YEARS]

Large diabetes population



Knows the patients very well

MANAGES THE REP CALENDAR



WATCHES THE TIME THE DOC SPENDS WITH REPS

**BACK STORY:** Talks in detail to the patients about their disease states, especially diabetes. Will offer product suggestions based on personal experience and relationship with the rep.



## JEFF Nurse Practitioner

[SPENDS MORE TIME WITH PATIENTS]

Knows when patients with diabetes are struggling with hypoglycemic events



- Teaches patients **how to inject**
- Knows when **patients discontinue therapy**

Treats a wide range of patients with diabetes and has autonomy to prescribe

DEDICATED TO PATIENTS HITTING THEIR GOALS



**BACK STORY:** Patient population is increasing and will initiate new therapy. Jeff will use combo therapy but is hesitant to use as first injectable. Is the person in the office who teaches patients how to do injections.



## SONYA Physician

[NOT BIG ON COMBO THERAPY]



Loves GLP-1s

Uses insulin as a last resort

25 YEARS

Primary Care Physician

**GUIDELINES:**

✓ ADA ✓ AACE ✓ ACE



11 staff members

**BACK STORY:** Starts with GLP-1s, NOT basal insulin. Does not use combination therapy, likes to titrate products separately for maximum efficacy. Not sure where product 1 fits into practice and feels competitor has better efficacy than product 2. Still using a lot of Cat 1 insulins. Not much urgency for HbA1cs above 9. Will go to CME programs.



## JEREMY Office Manager

[RUNS METRICS FOR THE OFFICE]

Handles pharmacy **CALL BACKS, PRIOR AUTHS, CO-PAY CARDS**, formulary changes

EMR EXPERT



**PARTNERS WITH NP REGARDING:**

- ✓ Patient Ed
- ✓ Samples
- ✓ Needle Tips
- ✓ Closet



CONTROLS ACCESS TO DOCTOR

**BACK STORY:** Wants the reps to "Be Brief, Be Bright, Be Gone." Any talk of taking more of Pat or the Doc's time will immediately shut down the conversation



## ROBERT Pharmacist

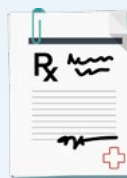
[LOCATED IN THE PRACTICE • NOT A CHAIN]

Doesn't consider himself a clinical pharmacist but does **provide medication therapy management services** for certain offices when asked. These services encompass the **assessment and evaluation of the patient's complete medication therapy regimen** rather than focusing on individual therapies.



Provides patient advice regularly

WILL RECOMMEND PATIENTS SWITCH MEDICINES



SELLS THE PRESCRIBERS ON PRODUCTS FOR TYPE 2 DIABETES



Part of the community

**BACK STORY:** Works closely with the office in managing the patients with diabetes. Makes suggestions about combining, adding, or switching products when appropriate. Attends CME programs.



**PAT** Receptionist

**Objections:**

- We are so busy, we are always busy.
- I hear a lot about diabetes because we have so many patients that live with diabetes. I would love to learn more.
- There are so many ways to treat diabetes. I'm confused, and I wonder what it all means to the patients.
- Medicine is so expensive these days.



**JEFF** Nurse Practitioner

**Product 1 Objections:**

- We still do not see the urgency to treat patients with an A1c above 9.
- Combinations are a last resort.
- I use GLP-1s as first injection to start not basal insulin.
- If my patients can't afford it, I won't write it
- All my patients tolerate GLP-1s. I don't have any one who has discontinued therapy.

**Product 2 Objections:**

- The cost of insulin is too high for my patients
- I think your competitor has better efficacy.
- My patients are afraid of insulin.
- None of my patients complain about hypoglycemia.



**SONYA** Physician

**Product 1 Objections:**

- I still do not see the urgency to treat patients with an A1c above 9.
- I don't like to use combination therapy.
- I use GLP-1s to start, not basal insulin.
- I like using seaparate treatments so I can titrate individually for maximum efficacy.
- All my patients tolerate GLP-1s. I don't have anyone who has discontinued therapy.

**Product 2 Objections:**

- What are you going to tell me about basal insulin that I don't already know?
- I think your competitor has better efficacy.
- I don't see a difference between the Cat 2 insulins.
- None of my patients complain about hypoglycemia.



**JEREMY** Office Manager

**Objections:**

- We have been so pressed for time since we joined 55 Corporate Medical Center.
- Co-pay cards are a pain and slow my staff down. Why should we use your card?
- It's all about the scores with this large group. The better our scores, the better the profit.
- I'm so glad we are using this new EMR system. It has so many capabilities.
- I'm always looking to save patients money, but I want to make sure we avoid medications that require arduous PAs.



**ROBERT** Pharmacist

**Objections:**

- Unless you have something new, I'm really busy.
- Please don't come back on a Monday.
- We need to make medicine more affordable.
- The offices don't like it when they have to do PAs.
- The patients like co-pay cards, when they work!

## GENERAL DIRECTION

- Use the word **NEXT** to rotate to the next sales person.
- When possible, try to rotate through all team members.
- Look for active listening and probing skills.
- Look for connection from the entire team. Is there call continuum, or are they starting the conversation all over again?
- You are short on time but not rushed.