

## EDITORIALS

**Dermatology and Virtual Realities with Industry:  
“It’s Not Your Father’s Pharma Anymore”**Neal Bhatia, MD<sup>1</sup><sup>1</sup>Director of Clinical Dermatology, Therapeutics Clinical Research, San Diego, CA

Did you ever think you would see the day when pharma reps would go from driving all over town, sitting endlessly in waiting rooms, and bringing in sweets for a few minutes of detail to now working from home, making virtual calls over lunch, staying in their cars while we rush out to get samples, and watching the entire system on its knees? Everyone in pharma, from drug reps to medical science liaisons to executives have been under stay-at-home policies, including digital sales tools and virtual meetings for face-to-face visits. Advisory board meetings, speaker training meetings for promotional education, and investigator meetings for clinical trials have all been conducted virtually. The new reality is here and is not retreating anytime soon, but the question becomes does the adaptation during the pandemic just accelerate what was probably coming anyway? As I write this on Father’s Day, I can imagine how many of you whose parents were dermatologists remember the “good ol’ days” when anything was the rule.

So, in the old normal, just like the new normal, or whatever level of normal there is left, we still have the template of how to interact professionally with our colleagues from industry. On the one hand, the sales reps working virtually should pay close

attention to the clinic’s time allotted for patients and work. They should still keep professionalism with approach and appearance, maintain the message about business rather than making it personal, and make attempts to deliver the goods. If appointments weren’t a good idea before, maybe they are now? I have been coaching a lot of my reps that a few days of virtual encounters and one or two days making masked calls in the parking lot would be more efficient for them, saving days of sitting in traffic and reducing exposures.

At the same time, dermatologists have to keep a similar level of professionalism on virtual interactions and understand the nature of this new chance to do their job. Sales personnel are not caterers or avenues for aspirations of medical education, but the virtual lunch with the clinic staff can be an efficient new wave of marketing and promotion. And, if anyone is worried about the Sunshine Act reporting over \$10, a lot of good lunches cost about \$9.

Until we feel like we have fully opened back up, patients and clinic staff may be somewhat relieved about not having sales reps coming in the office for now. Patients will wonder if the reps have just come from

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calling on another clinic, who they have been exposed to, and if they utilize enough PPE to keep them safe, aside from the usual concern of taking time away from the physicians. By the same token, the reps might have that same concern about being around patients who could have been exposed to not just the Coronavirus but anything that could be spread for the next pandemic. In a way, it makes the interactions with the physicians a bit less risky when the message can be more directed. There won't be the risk of patients overhearing catchphrases such as "Thanks for the last few prescriptions," "Help me out, I am in a contest," and "Can I count on your support?"

Business experts will still agree that an effective encounter between colleagues or with customers requires being in the same room...simple body language, handshakes, tones of voice, and facial expressions are integral to communication and to solidify relationships with a customer. By not being able to meet in-person, will that lead to a dilution of influence of sales reps? And, with industry overall? As small dermatology-centric pharma companies slowly become extinct or become consolidated puzzle pieces of big pharma, the most painful part for dermatologists, aside from the cost and access issues that we face with each written prescription/suggestion, is the difficulty in establishing working relationships. The turnover of names and faces, as well as the loss of contact with longstanding members of the dermatology fraternity, makes the opportunity to collaborate more challenging.

At many levels, from local dermatology societies on up, working with big pharma to gain interest and support for medical education was already difficult with all of the firewalls and issues that are fundamental to big pharma. Moreover, without in-person

connections the struggle to keep dermatology relevant will continue. There is no questioning big pharma's dedication to access programs, direct-to-consumer messaging, and sponsorship of patient advocacy initiatives, which have all given promising hope to patients for treatment awareness and options they might not have had in the past...especially in the biologics market. By contrast, in a virtual world, sample programs and patient support initiatives for dermatology might be harder to gain traction in clinics.

There were times when the executives and leaders of the companies would not only be visible at meetings but very interactive and known by face and name. By contrast, big pharma can vary its appearance ranging between having little connection to dermatology, to companies that have hired dermatology veterans to sales, professional relations, and medical affairs, seeming to try to understand how the dermatology family operates. It is easy to be entertained by the scripts and "Buzzword Bingo" that big pharma and corporations foster and train, and I can always tell when anyone has seen the light about how dermatology and doesn't follow the script. However, the problem with less time in person and more virtual reality is that there will be fewer opportunities for checks and balances as well as conversations with those in corporate positions who can make decisions. With that comes the risks of dermatologists becoming marginalized as advisors when it comes to planning the future, ultimately running the risk of not being called to participate if they rock the boat.

The other risk of virtual reality is the development of promotional speakers for industry, who for now have no restaurants to speak in and no clinicians or staff to speak to...except on a virtual meeting. But with the

new virtual world, does the trend of negative perceptions continue not only with dermatologists who make it clear that they will stop writing the drugs in question if they are not invited to advisory boards, speaker training meetings, or sponsored travel to speak? Those days might be fewer when the opportunities for promotional speaking could become more streamlined or give way to more CME programs if fatigue for virtual meetings continues to increase. Even more concerning will be the lack of cultivation of new talented speakers and thought leaders, as access to them by industry will be a challenge.

Most, if not all of us, trained in an academic center as residents or even stayed on at some point in our careers as teachers...calling many of our professors “mentors” and being proud of our institutions, coveting them as badges of honor. Unfortunately, as many residents are denied exposure to the pharmaceutical industry out of concern for developing biased decision-making for their patients, there perpetuates the mindset which labels the very best of us as biased if we have any “conflicts of interest,” even to the point of depriving leadership positions because of the perception of guilt. The problem with the hypocrisy of bias is trying to be above one’s own bias, which doesn’t work when judgment is subjective and without proof of any violations.

The main issue is the lack of mentorship for how to work constructively with industry based on one’s intention and ambitions. Young dermatologists need to know who to talk to, as MSELs, Professional Relations, and Medical Affairs teams look to cultivate talent for speaking, research, advisory boards, and sponsored meetings, because they are the conduits for moving forward in medical education and clinical trials. Take

reps and all sales people out of the equation, they are usually powerless in the discussion because of the firewalls. Often times they don’t know or have never met who their company’s thought leaders (spoken from experience) and, for some, their concern is the risk of “jeopardizing” future prescriptions, especially if the doctor is out on the road and not in the office because of educational or advisory work for the same company. It is also critical to prepare and update CVs, published articles, or presentation slides if there is an interest in working with industry. However, the key to the equation is to create a niche that makes industry come to find new talent, rather than the other way around. In the end, there is no proven correlation to the quantity of prescriptions written and the ability to teach, write articles, or speak at meetings.

In reality, most investigators and teachers are not high-volume prescribers of any therapy, so what is the resolution of the ethical dilemma if companies want to collaborate with speaker opportunities? Many of the professional relations managers in pharma are watching these trends as the virtual way of meeting and teaching continues to progress, and some have been pleased with what they see. For example, while on camera it is a lot harder for advisors if we get invited to be distracted on the phone texting or sitting like a zombie not saying a word. However, the lack of in-person meetings does not help to cultivate new talent or meet someone new. Which, in turn, does not help the new dermatologist who wrote a lecture on a subject and did not get a chance to present it at an uncompensated CME meeting. So, is this a lost chance to meet an expert? Unfortunately, we are all being pulled down paths of increased political correctness, where guilt is not only presumed it is often accepted without a rational basis. There it is

again, the institutional bias against those who are perceived as biased... which is hypocrisy.

In summary, the new normal for the virtual world of pharma can have significant upsides. For example, redistribution of the money on airfare, hotels, and meeting expenses by employees and physicians in favor of virtual advisory and investigator meetings can result in more support for dermatology meetings that will soon reconvene. More patient initiatives can sprout from funding that otherwise could not due to inefficiency in spending. As for the pharma sales reps, I for one want to streamline their jobs and make them more efficient and therefore more valued. A better experience for them and the clinic staff can be developed which still promotes sales, and a smarter use of time can lead to better outcomes for everyone including patients. So, buckle up everyone, and get ready for the new pharma coming soon to an office near you.

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