

DETAILING FOR PRESCRIPTIONS.*

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Generally speaking the first consideration in developing a prescription pharmacy is a realignment of the internal arrangement of the store. It is easily recognized that there is a rapidly growing sharp line of demarcation between the merchandising or commercial drug store and the professional pharmacy. There is no question that the ordinary luncheon counter has no place in the latter although the professional pharmacy in a Medical Arts Building might render an acceptable and approved service to the doctors of the building if they catered to a light lunch only.

However, to put a real meaning back of the sign "Prescriptions a Specialty" such a store must not be satisfied with eight per cent floor space for prescriptions and twenty-five or more per cent floor space for lunches.

If we are to aim for a basis of prescription returns at least fifty per cent of the total income, then we must actually specialize in as many ways as possible. We must bring the prescription department to the front, if not literally then potentially. The swinging doors with the signs "keep out" and "no admittance" must be removed. The department itself must show a rigid regard for cleanliness. This done, you can consider the desirability of the open display prescription department. Remove a section of the separating partition or show case. Replace it with a glass partition or leave it open. In fact we might even consider actually bringing your prescription department to the front so it will at least partly occupy the front window. What better advertising appeal can you offer the transient public! Our bid for favorable attention is two-sided—one to the professional men who will write prescriptions to be sent to our store; the other is the public for whom these prescriptions are written. To turn prospects to customers we must first find, then sell the prospects. We aim to turn the window shopper to an active customer. Consider then the open display prescription department and its desirability in the window.

A studied plan of window displays is very good advertising. It is not enough to cooperate with the splendid idea of Pharmacy Week. Why not consider one week per month, rather than one week a year, always with a tie-up in the store on the show-cases.

Of course our new program considers the elimination of questionable store practices. Your patrons may shop for prices but don't you shop for business. Name your price and hold to it. Counter prescribing is of course absolutely taboo.

Carry enough stock to have a workable assortment. Put in a library of suitable pharmaceutical reference books and include books on materia medica and applied therapeutics and some trade and medical journals to encourage reference by your doctors.

Now you have the atmosphere into which you can invite any doctor or customer. Without this background your professional contacts will fall flat. Now you can really qualify as a prescription specialist. The next move is to determine your

* Section on Commercial Interests, A. Ph. A., Washington meeting, 1934.

operative area. You decide just how much territory you intend to cover, using your store as a center.

You then make a card index of every last prospect in that area. Your first call will eliminate many of them as undesirable. Your object is an active call list of the cream of the entire list. This card index will carry the accurate spelling of the name, address and hospital connection of every prospect. It will show the office hours, day-off and specialty practiced and allow for columns to indicate the dates of calls and repeat calls, with enough space to record notes of interest, product detailed, whether sample or circular was left and most of it in code so that if lost or stolen the cards will represent little if any value to the finder.

Now comes the problem of time-finding. We are considering nothing but the personal call as having many times the business building value of letters or phone calls.

It is easily agreed that while we pay salaries by the week we are actually getting more value per dollar of salary in the busy hours than the quiet hours. We pay the same for the peak load hour as for the valley performance. The object is to raise the valley hour values. Therefore, we spot those hours and adjust them to the office hours of our prospects as shown by our card index. One can easily reach any doctor within five blocks of the store in five minutes. Allowing twenty minutes for the interview, that permits of two professional contacts per hour. Suppose you have only one hour per day, the question arises as to repeat calls. Subject to variations, two months is too distant and one month too frequent. Assuming that six weeks is reasonable for repeats, and using only five days a week, you are thereby easily scheduled for sixty doctors every six weeks. This is just about sixty more than are regularly contacted right now. If your call list, after weeding out the undesirables, is thirty or ninety, it is easy to adjust your schedule.

Our next problem is what to detail. First we would mention your own name goods; a formula of your own, either complete and perfected, or incomplete, as for instance a vehicle or cough syrup base, ointment base or some such product as a tooth paste base. This suggests the growing value of the dental profession and the desirability of including the dentists in your operative area for your card index record. One advantage in calling on dentists is the fact of all-day office hours as compared with the relatively few hours available for physicians. Also one must recognize that dental colleges are not teaching prescription writing, neither the science thereof nor the economic principles involved.

Getting back to the subject of what products to detail we would first caution against talking about too many products. Four or five are too many. Remember the twenty-minute limit to guarantee a welcome on your next call and you had better stick to one product. Do not be too scientific; your doctor is a practical man and wants facts. He wants to know the name of the product, its uses, indications, solubility, toxicity (if any), dosage and contraindications. Omit the chemical structure and pharmaceutical details.

Pick your additional products from the U. S. P. and the N. F., also the N. N. R. and the R. B. of the AMERICAN PHARMACEUTICAL ASSOCIATION. These will give you all the material you will ever want considering one product (or even two) per call and eight calls per year.

A word on team-work with the detail men of the many manufacturing phar-

maceutical houses. They are here to stay and their acquaintance had better be cultivated. They are asking you to fill the prescriptions they create. You should expect them to coöperate with you. They should give you the same presentation they give their doctors and a full list of all doctors detailed in your operative area. Then, if you follow up on that list by personal call you are in line for twice the returns from half the effort—half your time expense. Let those doctors know that you have that particular product in stock and want his prescriptions.

Here is an idea that might be tried. Go through the advertising in the medical journal either national or state most widely read by your doctors. Pick out the products you have in stock and use them for a professional window display. Use a sign calling attention to the name and date of the journal used. Tell your doctors about your window.

Finally the "thank you" letter. Go through your files and list the doctors whose prescriptions you have filled in the last month. Send them a letter of thanks and a request for more or continued business. Vary the wording but systematically capitalize on the idea as you systematically work your call list.

We are confident that based on the principles of action above outlined any professionally minded pharmacist can put on an effective business building program that will pay good dividends in continued good business.



General view of the pharmaceutical exhibit, World's Fair, Chicago.
