



# What Makes a Detail Aid Effective?

**Detail aids are a mainstay of a drug marketing program. To persuade a doctor to actually read them, however, is a task that must be effectively executed. Following are a variety of techniques that will assist product managers in creating effective detail aids.**



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**B**efore a detail aid is used in the marketplace, it will be tested by pharmaceutical companies over and over again. Some detail aids test remarkably well, whereas others test at the opposite end of the spectrum. The question that many marketers ask is, "What makes for an effective detail aid?" Unfortunately, no magic formula exists. No secret recipe has been concocted for creating a detail aid that will outshine the competition. Effective aids come in all shapes and sizes, and what works well in one context will not necessarily perform well in another.

However, some principles do apply to most detail aids. In the hands of a skilled sales rep, an aid that follows the principles outlined below will be more likely excite physicians about a given product and lead them to prescribe it for their patients. Nevertheless, a detail aid that tests well among physicians is not guaranteed to be effective when used by sales reps, nor is a poorly testing aid guaranteed to continue to fare badly in the field.

## **What Are the Critical Factors?**

**Informative, Useful, and Educational Content.** When asked why they liked a given detail aid, physicians typically provide the same reply: "I learned something new." Since they are committing precious time to reviewing the materials, physicians (consciously or otherwise) expect something in return. They expect to learn about the product and its potential usefulness in their practice. Ultimately, most physicians seek information that will make them better practitioners. When they finish a detail aid session, physicians do not want to believe they have wasted their time. A detail aid that teaches them little of practical value will not receive high marks.

**Clarity and Organization.** Physicians respond favorably when a detail aid is clear and organized, because they are then able

to digest the content quickly. Vague statements, confusing charts, or a haphazard organizational structure impede physicians, and thereby detract from the overall effect. Bullet points make information more accessible and user friendly. For this reason, many effective detail aids contain a high proportion of bulleted statements.

**Brevity.** Physicians are notoriously busy and pressed for time. They almost never want to devote more than three to five minutes to a detailing session, particularly if they are already somewhat familiar with the product. Therefore, a concise detail aid will win their favor much more readily than a lengthy treatise on the virtues of a particular product.

**Accuracy.** Nothing bothers a physician more than information that is misleading, inaccurate, or otherwise unreliable. Many physicians consider themselves to be scientists and/or scholars, and they are often detail-oriented individuals. An aid that gets the details wrong is, in the eyes of most physicians, useless. Any error can result in a physician dismissing the entire detail aid.

**Compelling, Relevant Data and Charts.** Just as physicians want a detail aid that quickly conveys what is important, they want to see data that support the arguments or claims also being made. Physicians are trained to believe that a certain amount of skepticism is healthy; thus, unsubstantiated (or poorly substantiated) claims will generally elicit an allergic reaction in this audience. On the other hand, detail aids that include supportive data or charts tend to perform well.

**Believability.** In some cases, it is not feasible to provide supportive data to reinforce each claim that appears in a detail aid. Although physicians will generally shy away from unsupported claims, they will grant some latitude in this regard. However, they rarely appreciate or want to read unsubstantiated statements that seem implausible or too good to be true. Detail aids that test well should contain a minimum amount of hype, fluff, and hot air.

**Visual Relevance.** Physicians take a dim view of illustrations that have little or no connection with the issue at hand (that is,

why they should consider prescribing the product). Although a striking image may initially capture their attention, physicians will ultimately downgrade a detail aid several notches if the imagery does not make sense in context. However, engaging physician interest with an image that is simultaneously clever and relevant can go a long way toward increasing physician receptivity to the aid. Images of patients, in particular, can enliven the detail aid and help the physician to visualize the ultimate benefits of the product.

**Visual or Verbal Pizzazz.** As the old saying goes, “A picture is worth 1,000 words.” Detail aids that test well have a common thread: They are pleasing to look at. Although attractive imagery may not say anything about the virtues of the product that is being promoted, there is nevertheless the well-documented human tendency to respond favorably to packaging as well as substance. Lucid, appealing wording and/or memorable taglines will similarly elicit positive reactions from physicians.

**Important Information Upfront.** Successful detail aids generally are structured, just as newspapers are, with the “big story” in the front. To capture and hold physicians’ attention, it is necessary to get to the heart of the matter. Often, but not always, the matter of most concern is the efficacy of the product. Placing what physicians consider to be vital information in the front of the detail aid generally enhances the overall response it will elicit.

### What Else Do Physicians Like?

**A Logical Flow of Information.** Physicians respond positively to detail aids that are constructed in a coherent, organized fashion. A key ingredient to an organized approach is logic. Physicians do not want to read about a product’s tolerability, and then its safety, then more on its tolerability, then its efficacy, then more on its safety. Such an approach is confusing and illogical.

**Emphasis on Efficacy, Safety, and Convenience.** When considering whether to prescribe a given medication, physicians nearly always assess the product’s efficacy, safety and tolerability, and convenience. Although these factors are not necessarily always considered in this order of importance, efficacy does tend to be the number 1 consideration among physicians. Many physicians will say, “If it does not work, why should I waste my time learning about it?”

**Easy-to-Digest Summaries.** Physicians usually respond favorably to a condensed summary that captures the key points made in the detail aid. Effective detail aids present a summary typically consisting of three to five bullet points that pinpoint the crucial, take-home messages. Physicians dislike summaries with information or ideas that were not presented in the body of the detail aid.

**Actual-Size and Actual-Color Pictures of the Product.** Many successful detail aids contain images of the product itself. These images are especially well received if they accurately represent the product. Physicians often comment that such images not only remind them of what the product looks like (and particularly the different dosage strengths, if applicable), but also can be useful to show to patients who are unfamiliar with the product.

**Specific and Clear Axis Labels.** Few things annoy physicians more than charts that make little sense. Graphs and charts benefit greatly from labels that clearly identify what is being shown. Physicians have neither the time nor the patience to decipher a chart that is labeled in an ambiguous fashion.

**Large Font Sizes.** Just as they favor easy-to-grasp charts, physicians appreciate text that does not require the use of a magnifying glass to read. They respond favorably to fonts that are large enough to foster quick, easy assimilation of the information.

**Comparative Performance Data.** A common complaint among physicians with regard to less-than-successful detail aids is, “It did not tell me how the product performs compared with other agents in its class.” Comparison to placebo is considered to be better than nothing, but physicians typically point out that head-to-head data would be much more practical and useful. (Of course, head-to-head data are not always available).

**References.** Detail aids often refer to studies that are too complex to be fully explicated in the body of the aid. For this reason, physicians recognize that they may need to go elsewhere to get further information. However, if they cannot quickly ascertain from the detail aid where this information can be found, physicians may lose interest.

**Websites and Toll-Free Numbers.** In some cases, physicians and/or their patients may wish to contact the manufacturer directly for further information. Detail aids that include a convenient means for doing so, such as a website address or a toll-free phone number, receive compliments from physicians. Such information not only can help the physician to learn more, but it conveys that the manufacturer is interested in helping the physician to learn as much as possible about the product.

### What Do Physicians Dislike?

**Text or Charts Communicating the Obvious.** Information that states the obvious is almost as unpopular among physicians as confusing information. Physicians consider a rehash of what they already know to be an irritating waste of time, and often find it insulting as well. A good detail aid will omit information that could elicit a “well, obviously” reaction.

**Colors on Charts That Are Difficult to Distinguish.** Charts that contain lines or bars of similar colors are difficult to interpret, and tend to produce negative feedback. Physicians do not want to waste time and energy trying to discern similar colors.

**Exaggeration.** Hype is anathema to a good detail aid, and statements that overstate the case for a given product can undermine the effect of the aid. Physicians want the truth, the whole truth, and nothing but the truth.

**Redundancy.** Since physicians have limited time availability, and can absorb information relatively quickly, they generally dislike being told the same thing again and again. Although successful detail aids may repeat key messages or taglines to ingrain them in physicians' minds, excess redundancy will often backfire.

#### **How Is an Effective Detail Aid Structured?**

No single correct approach exists for structuring an effective detail aid, but the following template is often successful: An effective aid typically begins with a striking but relevant image on the front cover, along with a provocative question or statement that physicians will respond to favorably. Important messages about the product's benefits and efficacy generally appear in the first few pages. Safety and tolerability are then discussed, followed by dosing. A concise, bulleted summary will be included on the back page. Appealing and relevant imagery and/or a compelling tagline is deployed throughout the detail aid.

#### **How Long Should a Detail Aid Be?**

A detail aid should be long enough to get the key points across, but no longer than that, since physicians are pressed

for time. Detail aids that test well are often (but not always) somewhere between eight and 12 pages in length.

#### **How Technical Should a Detail Aid Be?**

A good detail aid is highly informative, but not overly technical. Detail aids that test well frequently present complex medical information in a simple, straightforward fashion.

#### **What Do Physicians Typically Remember?**

Research has shown that physicians recall striking images, and tend to remember the visual content of detail aids more readily than the verbal content. In general, physicians can also readily recall what they perceive as the main message(s) of the aid.

#### **What "Buzzwords" or Catch Phrases Are Particularly Effective?**

Certain terminology attracts and holds the attention of physicians. These include "new," "better," "improved," "proven," "effective," and "safe." Words such as "new," "better," and "improved" convey excitement, whereas "effective" and "safe" convey the chance for physicians to learn from the detail aid in ways that could improve their practices. "Safe" may be especially compelling to certain types of physicians, such as pediatricians and obstetrician/gynecologists.

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