

# SELLING MOLECULAR DIAGNOSTIC TESTS



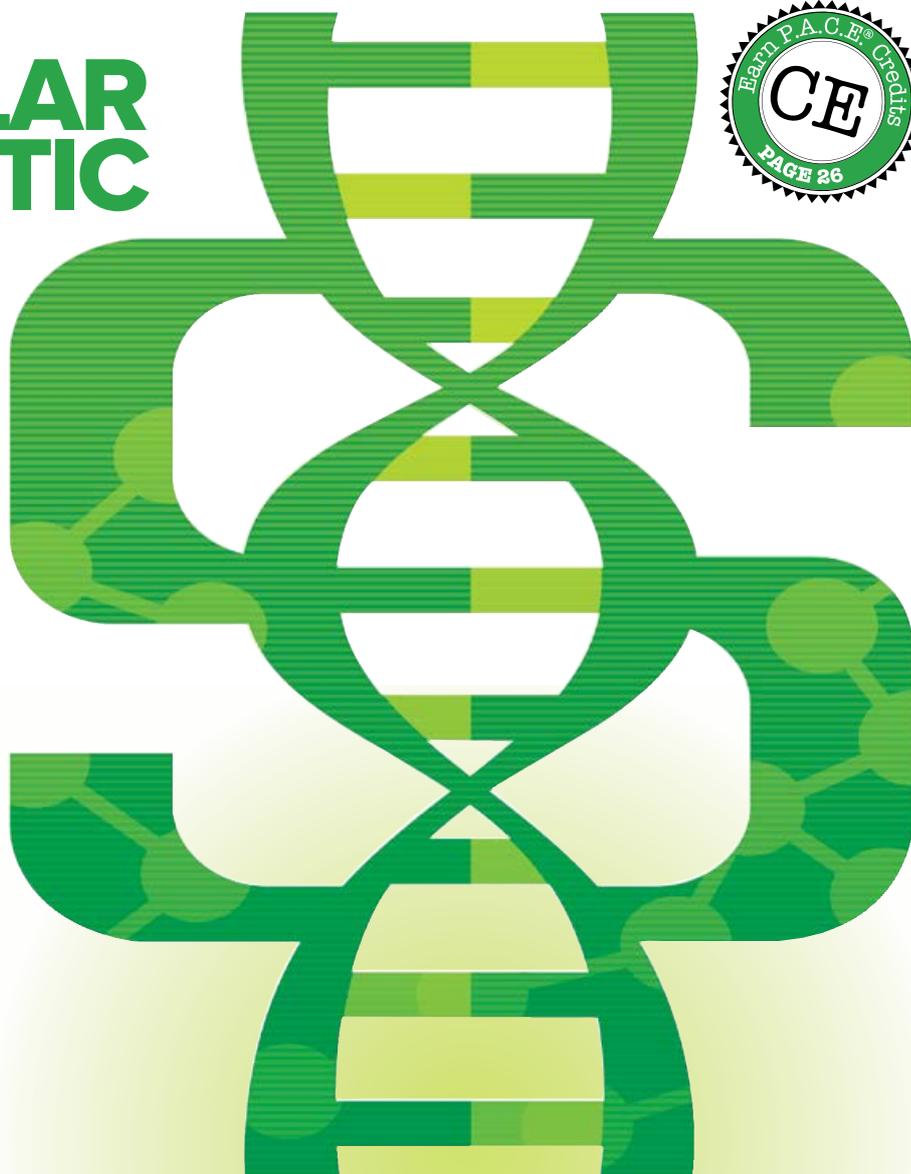
## Increase revenue with outreach and upsells

By Peter T. Francis

**W**hen a clinical laboratory adds molecular testing to its menu, special attention should be given to educating the field representative, the lab's clients and its patients.

Within the past 20 years there have been major advances in molecular diagnostic testing (MDx). Among many other applications, MDx has led pharmaceutical makers to investigate how their drug interacts with certain people based on the patient's genetic profile. This has been referred to as personalized medicine (others have used precision medicine or predictive medicine). This side of the molecular spectrum represents a massive trend for healthcare providers, insurance companies, including Medicare and Medicaid, and patients. In fact, patients can have a far more participative role in their care due to the emergence of personalized medicine. We are still in the inchoate stage of this aspect of human healthcare. However, it is not difficult to imagine that within 10 years, it will be a rare drug that does *not* have a diagnostic test associated with it.

Expecting that most clinical labs offer some form of DNA-based technology—for example, Affirm® VP III, CT/GC, *C. diff* by PCR, etc.—it remains obvious laboratories should provide training for their field person on this methodology. In turn, they can educate the lab's clients and prospects with the anticipation of increased specimen volumes.



SCOTT DERBY

If a lab holds a particularly “rich” MDx testing menu, having a well-schooled individual can make a difference in positioning the lab to healthcare providers. It is especially helpful if the representative has background knowledge of genetics and how DNA and RNA play a role in a person's general health. In-house teaching, training consultants and self-help books fulfill employee educational gaps.

### EDUCATING CLIENTS

It stands as a fact that physicians who graduated more than five years ago from medical

school had minimal (or no) education on MDx. Consequently, the laboratory, which includes field representation, can play a part in fulfilling this educational void.

In October 2010, the Santorini Conference, a medical conference on prospective biology, genomics and pharmacogenomics, took place in Santorini, Greece. Bryan Dechairo, pharmaceutical benefit manager at Medco, a mail order pharmacy, co-chaired the conference. Dechairo provided information from a Medco-sponsored physician survey.<sup>1</sup> The following contains an excerpt from that survey: ►►

1. 98% of physicians believed that genetics affect drug response
2. 10% felt informed about pharmacogenomics testing
3. 12% had ordered at least one pharmacogenomics test for a patient in the last 6 months
4. After physicians were educated, 67% ordered a pharmacogenomics test
5. When both physician and patient were educated about this type of testing, 82% ordered a test

This speaks to the significant role a lab can play in physician education.

**MARKETING MATERIALS**

So, one may ask, ‘what kind of materials do I use in the field to get the point across?’ There are several ways to implement a cohesive marketing approach:

1. Create a marketing piece that describes the test, specimen requirements, the clinical significance, indications for ordering, interpretation, limitation and references.
2. Include marketing information in a monthly or quarterly newsletter.
3. Depending on the test, reagent vendors may supply the lab with copies of marketing material. Reagent vendors also might co-brand with your logo.
4. Use journal articles as a non-partisan view of how a certain molecular method improves diagnostic outcomes.
5. Create a layman’s flier about a particular molecular test that can be placed in the waiting room for patients to review. It can give the patient a handy lead-in topic when they are in front of the doctor. In addition, having information easily accessible at Patient Service Centers will serve an educational role for patients.

Whatever marketing material you decide to implement, it is important for the sales representative to role-play with a professional scientific staff member or someone on the sales management team.

**MDx TESTS OF INTEREST**

Field representatives should be trained to know what molecular tests specialties might order. For example:

- *GP/IM*: Affirm® VP III, HPV (including

genotyping), Factor V Leiden/ prothrombin (F2) G20210A mutation, HIV viral load, Hepatitis B & C, *Chlamydia trachomatis/Neisseria gonorrhoeae*, H1N1, MRSA.

- *OB/Gyn*: HPV (plus genotyping), HSV, *Chlamydia trachomatis/Neisseria gonorrhoeae*, Factor V Leiden/prothrombin (F2) G20210A mutation, cystic fibrosis screen (should know the number of mutations), Affirm® VP III, Ashkenazi Jewish mutation tests (Tay-Sachs, Gaucher, Canavan, Niemann-Pick, etc.), BRACA, etc.
- *Hematology/Oncology*: pharmacogenetic testing (i.e., companion drug testing) for DYPD\*2A and UGTA1A, BRAF V600 mutation, BCR/ABL translocation, PML/RARα translocation, MTHFR mutation, Factor V Leiden/ prothrombin (F2) G20210A mutation, EGFR, KRAS, plus many others.
- *Infectious disease*: HLA-B \*5701 for Abacavir sensitivity, many infectious agents using molecular methods (e.g., BK, Lyme, West Nile, H1N1, hepatitis, HIV, etc.). The infectious disease subspecialty relies heavily on molecular assays, accounting for between 60%-70% of the molecular testing market.
- *Gastroenterologist*: hepatitis testing, hereditary hemochromatosis mutation, Thiopurine methyltransferase (TPMT) for drug sensitivity, KRAS mutation, IL28B, etc..
- *Cardiology*: CYP2C19 for clopidogrel (Plavix®) sensitivity, Factor V Leiden/prothrombin (F2) G20210A mutation.

**UNDERSTANDING MDx METHODS**

Training your field representative to be in the master class arena should include various types of methodologies used in the lab. The representative should be aware of the following: PCR, FISH, SDA, TMA, hybrid capture, bDNA, LAMP and DNA sequencing/array Comparative Genomic Hybridization (aCGH). Questions may be asked by providers, giving the representative a significant leg-up on credibility.

**LEARNING IN-HOUSE CAPABILITIES – AND MORE**

Besides having knowledge of the MDxs performed in-house, sales representatives need to be aware of the molecular tests their lab refers to a reference lab. This information

helps build credibility with healthcare providers and their staff.

Being able to articulate molecular test capabilities with providers is one thing, but looking for upsell opportunities is another way for representatives to increase molecular assay volumes. For example, the lab could program their laboratory information system to assimilate all the tests ordered by each client for a recent three-month review. If, for purposes of illustration, a representative finds the usual hepatitis testing typically ordered by one of the lab’s gastroenterology clients, but does not see any *HFE* gene mutation testing, KRAS requests or *C. difficile* by PCR, the marketing person can visit the account with marketing information and discuss with the physician the test’s availability through their lab.

**IT TAKES MORE THAN THE REPRESENTATIVE**

It is important to know that building MDx volume takes more than a field representative. The lab’s professional staff also can help in the educational process. Phone calls advising the provider accomplish this, as well as in tandem with the marketing representative when visiting clients. Creating appropriate interpretive verbiage on a molecular report also remains an important educational tool.

**CONCLUSION**

We in the clinical lab spectrum stand squarely at a revolution in laboratory medicine that continues to gain momentum on a daily basis. As molecular testing continues its inexorable forward progress, laboratories should provide training to their field lab marketers who, in turn, can play a significant role in the much-needed education of healthcare providers. ■

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**Reference**

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