



TARGET PRACTICE

As traditional saturation detailing and speaker programs lose ground, the advent of big data and analytics is letting pharma companies reach prized prescribers through new techniques like informed targeting and dynamic marketing. ZS Associates' **Pratap Khedkar** and **Malcolm Sturgis** explain

Pharmaceutical marketing to prescribers has undergone a major transition. Physicians seek content in new ways, expect information at their convenience through a variety of channels and challenge traditional communications channels (particularly sales forces). As a result, the kind of reach, frequency and attention today's sales and marketing executives grew up with is now gone. Ultimately, we're left with two questions: How can pharma companies target a wide range of potential channels to individual physicians? And how do marketers act on and adapt channel strategy to deliver the desired impact over time?

The first task is to understand which channels to deploy to which physicians. Traditional channels are still powerful but also expensive, and should not be directed where there is no access. Personal detailing, for example, can provide deep, customized interactions with customers and support frequent interactions. However, about half (49%) of US physicians place moderate-to-severe restrictions on rep visits as of 2014. Even calls that are delivered can cost \$150 or more.

The newer channels available today present opportunities to extend reach or provide multiple touchpoints to customers, typically at a lower cost. Digital programs, for instance, can support a variety of messaging, from clinically rich interactive e-details or key-opinion-leader videos to email or mobile alerts about a formulary change. These options can supplement—or replace—strategies marketers would have used a few years ago.

Still, there is no one-size-fits-all solution. A typical third-party-managed email campaign, for example, yields 8%-9% open rates. Other tactics, such as alerts or microsites within a mobile app or an online portal, are limited to users of the app or portal.

Physicians use these channels; more than a third (35%) engage with some form of digital marketing. Emerging media and technologies are quickly changing the pharmaceutical marketing landscape in the US. Physicians and users are increasing their reliance on the Internet for health and medical information, prompting marketers to look at digital channels for opportunities to reach target audiences. But in these instances the customers control reach. The trick for marketers is identifying which channels will work with the customers that matter for a given campaign, in general and at the individual level.

A similar dynamic would apply for other non-personal promotional channels, such as inside sales. Telesales representatives can be highly effective at transactional tasks or even securing time for the face-to-face sales force—if they can get the right customer on the line. Typical inside sales forces for pharma today, though, only successfully access about 10%-20% of their MD targets. For pharma companies to use this lower-cost channel effectively, they must identify practices or physicians who will engage with an inside sales team.

The good news: the industry can now identify which doctors engage with which channels—something that was virtually impossible before. Many pharma marketers are beginning to track channel affinity from their own interaction history, and there is also industry-wide channel affinity data available for the majority of practicing physicians. This can help marketers determine the right role for each channel—for the doctors that matter to their brands.

Targeting is about more than which channels HCPs prefer, though. It is also important to consider offer affinity (e.g., does the HCP want what I am sharing?) along with the appropriate channel. When the type of content a company includes in a communication channel is aligned with the doctor's needs, engagement can rise dramatically.

For example, inside sales reps who help provide samples or co-pay

assistance can achieve frequencies of one interaction every four to six weeks. Without these types of patient services, frequency drops to one to four times a year. In fact, across all channels, two-thirds of physicians are more likely to engage with pharma marketing when such patient services as samples, vouchers or co-pay assistance, are part of the campaign. When the medium and the message are right, promotion is more likely to drive desired results. Likewise, marketing decisions should entertain cross-channel synergies. Some channels are more effective in the context of others—say, microsite content that aligns with intermittent but high-impact messages from reps.

While many companies think about tactic interaction as a campaign or CRM design problem, it's important to remember that it carries a clear targeting component. If a campaign depends on a sequence of interactions across channels, marketers should target physicians who are open to engaging across each step of the campaign.

For example, 25% of doctors are highly rep-accessible and frequently engage with non-personal promotion—these are prime candidates for a multichannel campaign centered around a sales force orchestrator. Other targets, though, are unlikely to fully engage. They should either be removed from the target list for this campaign or expectations should be adjusted accordingly. It is essential for marketers to understand customer preferences and implement integrated campaigns. These strategies together can create a much more personalized experience and drive higher customer reach and impact.

Getting channel and offer right is important, but to capitalize on this strategy and advance the conversation, marketers must react when the physician reacts. And while trigger marketing is well-established, the industry's new data on channel and offer affinity support analytics to make campaign management even more nimble.

Making the transition

Ways to enhance marketing include:

Campaign simulation: Physician-level engagement history lets marketers estimate the success of tactic sequences with great precision. This can eliminate unproductive sequences in advance, improve overall engagement and reduce operational complexity.

Pathway optimization: There may be multiple routes to the same interaction for a given doctor. For example, is it better to notify Dr. Smith of online materials by email or through a representative? Individual affinity data can let the pharma company know if Dr. Smith will engage with the online content and which of the two paths is the most efficient way to get her there.

Campaign evaluation: No program will yield 100% engagement, and benchmarking against individual affinity data helps diagnose engagement gaps. Was it a targeting issue where a program was directed to doctors with a low affinity for that channel or offer? Or was it due to execution or messaging, where doctors' affinities were not a barrier but the customers still chose not to engage?

Targeting can also evolve across campaigns. Over time, the tactics and content physicians engage with will change. Some of this is due

How ZS counteracted a rep reduction

A multibillion-dollar mass-market brand came to ZS Associates with a problem: How could it maintain sales in the wake of a reduction in sales force promotion? To what extent was it possible to offset the reduction through other channels?

The first challenge was data, since there was no affinity insight for any of the 400,000 prescribers—and simply broadcasting a non-personal channel to all would be prohibitively expensive and a poor experience for the customer. In the absence of a customer database, we integrated more than 80 data files across more than 400,000 physicians to create a data repository.

Another challenge was crediting each channel fairly, which we solved by mapping all pathways to a successful script and measuring the impact of each channel. To make the best investment in each customer, we first determined the extent to which we wanted the customer to engage. Then, using the customer-affinity information, we worked backwards to find which channels were the best for that customer to get that engagement.

The end result was prescriber-level plans; these plans were validated in the field so that customer information was shared and refined. Ultimately, the brand was able to keep sales consistent despite a 20% rep reduction, and investment in alternative channels was increased with confidence.

to incremental shifts in preferences. Some stems from advances in technology—which helps to promote products—and needs according to demographics. More important, though, are structural events that shape opportunities to engage with many doctors at once.

Recent events illustrate this point. As health systems restricted rep access and doctors moved from private practices to larger settings, groups of doctors—thousands at a time—curtailed sales-force contact. At the same time, electronic medical record (EMR) adoption grew and EMR-based promotional tactics became more feasible.

Companies that monitored individual physician opportunities have adapted best, optimizing personal promotion in challenged geographies and working with EMR partner companies to deploy branded messages and content. By monitoring individual engagement for the doctors that mattered to them, they knew where to shift efforts.

The industry has changed, and traditional approaches such as saturation detailing and speaker programs are losing ground. Marketers (and sales reps) have to customize their plans based on a physician's individual affinity to certain content and channels and allow for changes to their plan over time—all because their customers demand it. The advent of big data and analytical techniques now make this possible, and provide a competitive edge in a world where the customer continues to control reach and frequency.

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