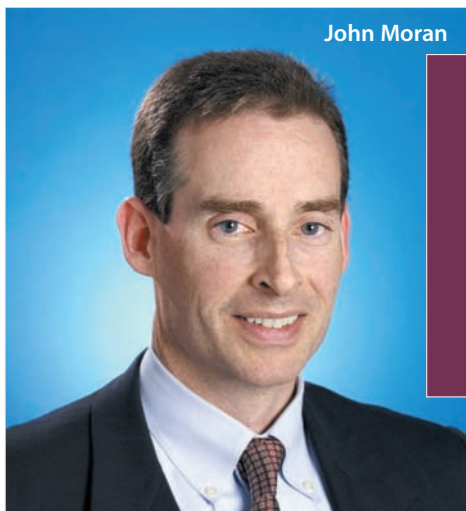


Mass Customization of **PHYSICIAN MESSAGING**

USING ANONYMIZED PATIENT-LEVEL DATA TO DRIVE PHYSICIAN-SPECIFIC VALUE



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While the pharmaceutical industry cannot adopt mass customization in the manufacture of its products, it can adopt mass customization in the marketing of its products to physicians, enabling sales reps to impart added value in presenting product information to the customer: physicians. Research shows, for example, that emphasizing select product attributes and clinical data based on physicians' real interests delivers higher perceived value and physician satisfaction.

Mass customization provides a solution to pharma companies searching for ways to improve in-person sales visits and effectiveness.

Partha Anbil, adjunct professor of marketing, Fox School of Business and Management, Temple University, and John Moran, director of strategic planning, management consulting, IMS Health, explore strategies for identifying opportunities for high-value rep/physician engagements, as well as cultivating learning relationships with physicians by using anonymized patient-level data (APLD) to profile physicians and inform call plans.

CONTEXTUAL DETAILING: MARKETING PRACTICES FOR THE NEW REALITY

Traditionally, pharmaceutical firms have

taken a seller-centric view of the market. Here, sales representatives attempt to capture physicians' attention, address each prescriber's unique concerns, and gain respect as a trusted advisor — all while delivering a static message.

It is no wonder that:

- Physicians perceive only one out of every three sales calls as helpful;
- More than 20% of physicians shut out pharma reps; and,
- 87% of rep/physician interactions last less than two minutes.

Decreasing physician availability combined with more stringent restrictions on sales representatives' interactions are now forcing marketers to identify new methods for capturing physicians' attention.

One method — the physician-centric approach — aligns a company's best products and best information to the physician, enabling sales representatives to adapt promotional offers and detailing messages to each customer's unique profile and preferences. The result is contextual detailing that will deliver information about new drugs to the right physician at the right time.

Contextual detailing involves the conversion from context-insensitive to context-aware value propositions, which facilitates physician decision-making (See Fig. 1). The objective is to provide customized services to each customer according to his or her personal preferences, whether expressed or inferred.

Manufacturers have come a long way since Henry Ford declared: “People can have the Model T in any color, so long as it is black.” Many books and articles have chronicled the evolution of business competition from mass markets to markets where consumers are given a unique end product when, where, and how they want it.

FIGURE 1: DIMENSION OF PHYSICIAN CONTEXT

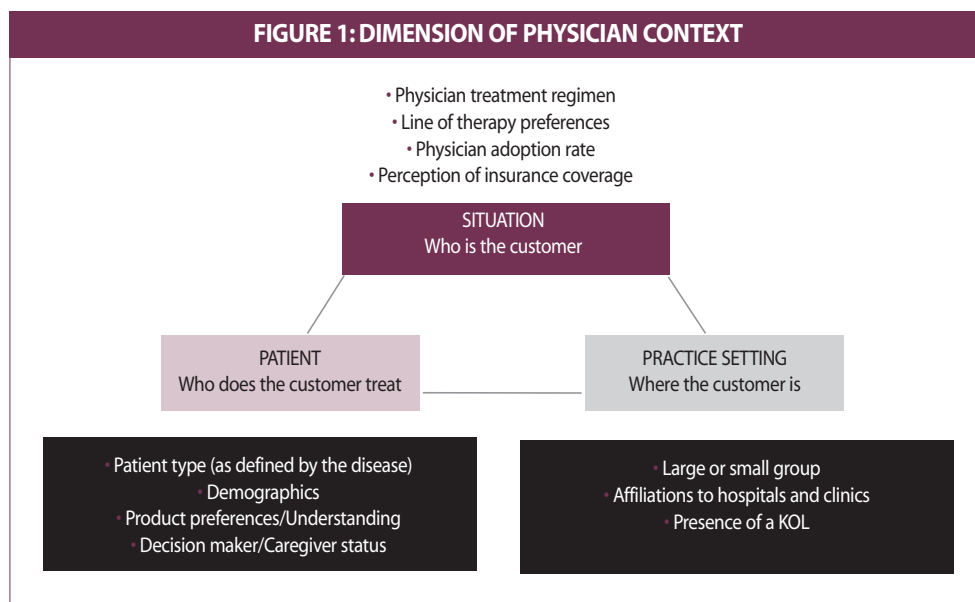
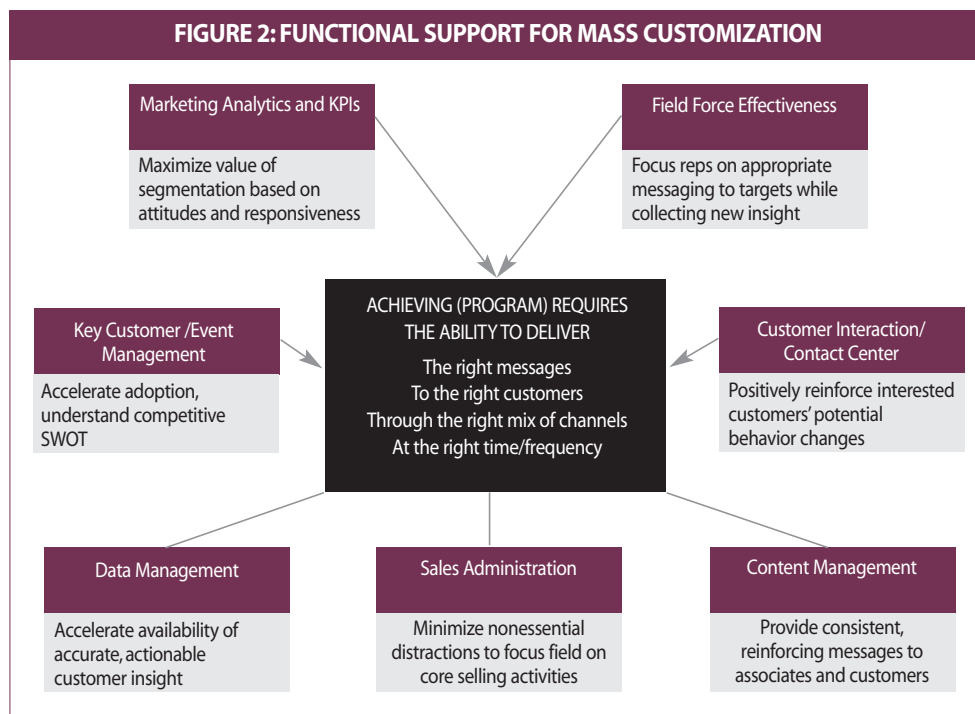


FIGURE 2: FUNCTIONAL SUPPORT FOR MASS CUSTOMIZATION



This method follows from knowing the customer well enough to establish a dialogue and foster a bond between the rep and the individual physician, allowing the rep to better detail interactions based on each physician's profile and preferences, helping customer-focused detailing to become second nature for the sales team.

The benefits of delivering engaging messages and materials to well-defined segments of the physician and healthcare communities, includes:

- Increased control over the duration of the rep/physician interaction;
- Improved integration of clinical and marketing content related to physician special-

ties and interests resulting in greater satisfaction and loyalty toward the brand and/or company;

- Better implementation related to physician segmentation; and
- Improved collaboration between sales and marketing disciplines within the organization.

The process, once started, becomes self-sustaining, enabling market research to quickly gather feedback to analyze rep success. This, in turn, provides insight into the customer that ultimately drives more effective sales interactions in the future. And, as prescribers benefit from more personalized service, they become willing to provide new information about their situation and needs.

INSIGHT INTO THE PHYSICIAN PRESCRIBING PSYCHE

Clearly, if pharmaceutical reps are to understand the context surrounding physicians' prescribing behavior, they must have insight into the physicians' practice characteristics, their patterns of behavior, and their apparent predispositions toward treatment alternatives. But how can pharma companies improve their ability to understand physician behavior?

Creating customized messages for distinct physician segments requires the use of more insightful customer-level data. Three data sources in particular enable more impactful custom messages:

- Anonymized patient-level data (APLD);
- Managed care influence metrics; and
- Physicians' desired value (customer value metrics).

APLD captures encounters by individual patients with the healthcare system and includes details on prescriptions, diagnoses, procedures, physician visits, hospitalizations, and lab tests. Patients are assigned a de-identified number to maintain their anonymity; each time they interact with the healthcare system their experience is recorded. Longitudinal patient-level data go one step further by specifying which patients — via de-identified numeric codes — get which therapy from which physician, providing improved granularity.

There are numerous applications for longitudinal patient-level data in the pharmaceutical industry, such as measuring compliance

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and persistence, developing treatment algorithms, and tracking length of therapy.

Newer and more advanced applications of these data include:

- Identifying physician influences;
- Quantifying spillover from hospital prescribing to retail prescribing;
- Measuring the effectiveness of direct-to-consumer/direct-to-physician campaigns;
- Sales forecasting; and
- Salesforce sizing, alignment, and compensation.

Managed care influenced metrics, which score the physician's ability to write reimbursed products, given the degree of prescribing control exercised by the managed care organization, are a second data source that enables effective messaging. Messages can be tailored to physicians who inaccurately believe that certain brands are not reimbursed. Similarly, managed care data can be used to identify physicians who are more likely to prescribe products that have relatively low-market access.

Customer value metrics are an additional data source that enables personalized messaging. These metrics, developed by IMS, assess the strength of the relationship between rep and physician and identify factors that physicians value, enabling highly targeted, customer-led interactions.

THE PROCESS OF MASS CUSTOMIZATION

Insights gained from APLD about a physician's prescribing habits — switching rate, adoption rate, use of concomitant therapy — apparent treatment preferences, and practice population can be used to redefine the pharma rep/physician interaction. The combination of precise market segmentation, new salesforce technologies, and improvements to the existing selling process help companies ensure that messages are customized and synchronized to the physician's context.

Through mass customization, the physician market can be segmented along any number of critical prescribing behaviors or events by product, market, or therapy area, and time, including: new-to-brand starts (N2B) highlighting heavy prescribers important to the brand; new therapy starts to give an indication as to where a brand's total prescription volume is headed; and continuing therapy.

From this, matching rules can be used to determine which message should be given to which physician, enabling the sales rep to create a personalized sales experience with messages that are relevant to the information needs of each physician.

Technology also exists to provide reps with physician-specific selling guidance that can be refreshed as things change in the marketplace. These metric-based alerts give reps guidance on what actions to take based on a prescriber's situation. For example, a sales representative might receive a message that a particular physician's new therapy starts are suggestions for an appropriate selling resource, such as: delivering a particular core message; connecting the physician to a local key opinion leader; asking a probing question to understand the reasons for the drop-off in prescribing; or providing emphasis around a core visual aid.

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MEASURING SUCCESS

Success for providing physician-specific selling guidance to reps through APLD can be measured by changes to new patient starts, switching levels, and patient adherence. In addition, the strength of the physician relationship can be measured and attributed to reps being more informed about the physician context.

In our experience, reps who are active users of such guidance achieve prescription growth above the national average.

Not coincidentally, active users of such physician insights and direction also:

- Report an improved understanding of how to impact prescribing behavior;
- Assert that they can engage in more productive dialogues with physicians;
- Believe alerts help them respond quickly and decisively to changes in market trends; and

- Confirm that alerts maximize their time with prescribers, enabling them to deliver more value-added messages.

Implementing an effective alerts program requires the input and cooperation of numerous functions within the organization. (See Fig. 2.)

And, several factors are critical to the success of sharing monthly alerts with the field force, such as:

- Having sufficient time to assess performance (usually four to six months for changes in prescribing behavior to be detectable).
- Close collaboration between the brand team and sales leadership.
- Use of qualitative and quantitative metrics to assess the success of a field alerts program for delivering the expected return on investment for the organization.
- Positioning of alerts as recommendations for use in key situations.
- Coaching of reps on messaging use and demonstration of benefits, as well as communicating positive results.

In executing field messaging, the identified outcome-based success metrics at both the strategic and operational level can be used.

Strategic top-line success metrics:

- Comparison of TRx share increase between test and control territories.
- Comparison of N2B Rx increase between test and control territories.
- Comparison of switch script increase between test and control territories.

Operational-level success metrics:

- Number of calls required to produce a change in prescriber behavior.
- Frequency of refreshes required to prevent staleness of message, which could result in marginal diminishing returns.
- Willingness of reps and district managers to use and see value in alert messaging.
- Ability to respond rapidly to changing market trends.

Mass customization offers an organized, cost-effective means of delivering varying messages to different prescribers — without overwhelming the salesforce. It could be the industry's answer to coping with limited sales resources, restricted access to physicians, and reduced credibility of sales reps. By using APLD to understand each physician's practice, companies can ensure that their interactions with physicians are relevant and thus offer the kind of value that will forge long-term relationships while driving brand loyalty. ♦

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