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MAKING NON-PERSONAL PROMOTION RELEVANT

BY STEVE LOSARDO AND BRAD FRUCHTL, DATA ANALYTICS AND SERVICES, SDI

PHARMACEUTICAL SALES AND PROMOTIONAL STRATEGIES CONTINUE TO evolve as pharmaceutical companies face the demands of marketing products in an increasingly competitive, economically challenging, and highly regulated environment. While the number of sales representatives continues to decline and physicians are less accessible than ever before, it's no surprise that non-personal promotion has been steadily increasing.

Well-crafted non-personal promotion offers pharmaceutical brand teams benefits such as lower operational costs and opportunities for reaching doctors who don't see sales reps frequently or who simply prefer to receive their information through other channels, such as wireless applications or websites. But arguably one of the most significant benefits of non-personal promotion is that it gives brand teams more control over the message they convey to physicians.

The challenge with non-personal promotion is to make the message relevant so that even without personal interaction, physician questions are answered and objections are addressed. Creating relevant messages requires more than knowledge of physician prescription volume. It requires knowing what differentiates one doctor from another and altering messages accordingly. Fortunately, detailed large-scale data assets exist to guide appropriate segmentation and non-personal promotion messaging strategies.

The best solution for gaining this understanding is to look in-depth at each physician's patient population to identify and profile their characteristics and how the physician and other entities influence patients' behavior as they receive care. Brand teams can custom-define the information they want to consider and then use it to segment physicians and create messages to communicate more effectively.

We can use the diabetes market as an example of how brand teams can alter promotional messaging based on specific patient characteristics and physician behavior. Data assets, including longitudinal medical claims information, prescription data, and laboratory results, can be linked at the anonymous patient level to help inform this solution.

Testing A1c Levels

Looking at patient-level laboratory test data provides key information about physician treatment tendencies. Lab data for diabetic patients shows critical information about how physicians assess patients: At what point in treatment they begin to test A1c levels, and how frequently they retest.

In patients already confirmed to have diabetes, the American Diabetes Association recommends that A1c levels be tested at least two times a year in those who are meeting treatment goals and every three months in patients whose therapy has changed or who are not meeting glycemic goals. But how many physicians are following these guidelines?

Brand teams that offer second-line therapies for diabetes would want to know what percentage of their target physicians are retesting often because more frequent testing could provide more opportunities for doctors to start patients on a second line of therapy. If physicians are not testing frequently enough, sales messages might provide a reminder of the ADA guidelines and point to the importance of following them. For physicians already following

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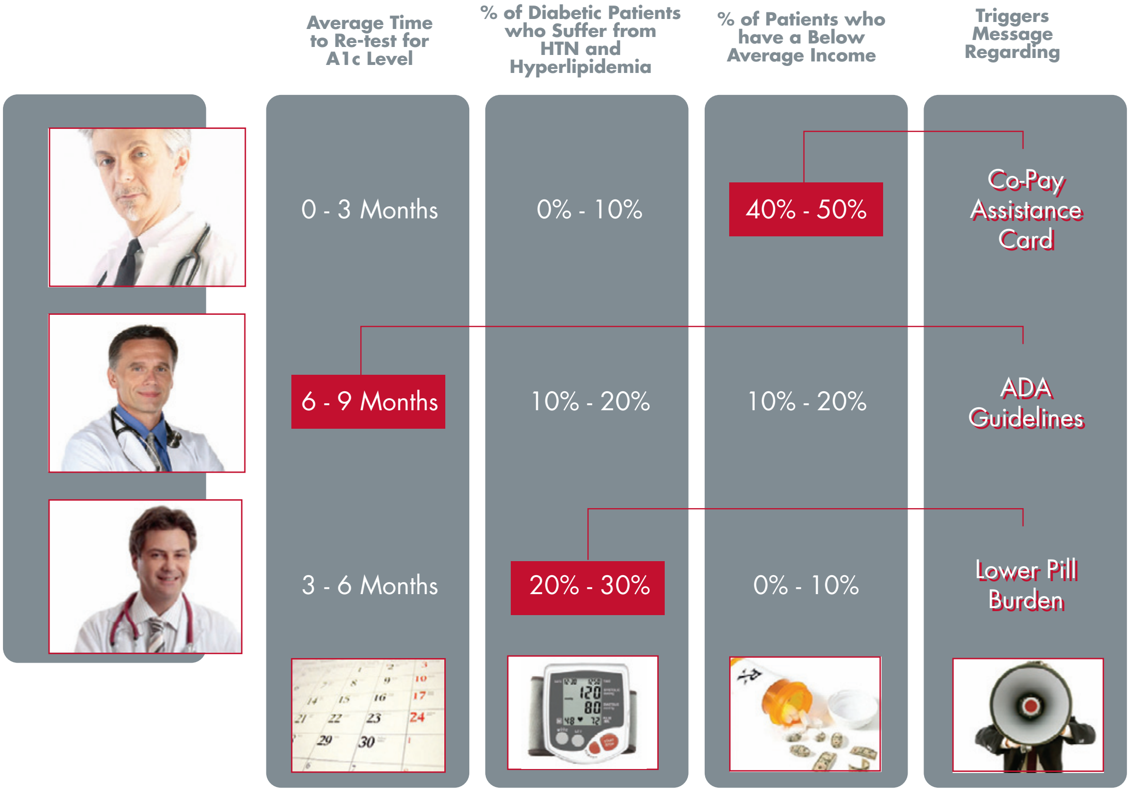

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the ADA guidelines, messages can be used to address other topics.

Comorbid Conditions

As with most diseases, physicians treating patients with diabetes must keep in mind what other conditions the patients suffer from and any challenges that arise from taking multiple medications. For example, approximately 85% of all diabetic patients in the U.S. also suffer from hypertension; 30% also suffer from hypertension and hyperlipidemia, according to SDI data.

Although comorbid conditions are an important consideration for all physicians treating diabetics, physicians with a higher-than-typical share of patients suffering from comorbid conditions may be more receptive to products that address this concern. These physicians can be identified by tracking their patients' prescription fills and medical claims when diagnosis information is required.

Messaging could be customized for these physicians to highlight advantages the brand has for lessening the pill burden, for example, or on differing metabolic pathways for patients taking multiple medications.

Patients' Ability to Pay

Many characteristics of physicians' patient populations can be compiled to help guide message creation, including both demographic and psychographic attributes. These characteristics may play a role in patient behavior and how physicians choose to treat them.

Understanding patient income and their ability to afford medical care may lead a brand team to create messages that focus on cost. Physicians with a significant percentage of patients who are less apt to be able to afford their medication would likely be receptive to messages about reducing patient out-of-pocket costs by prescribing medications that have more favorable formulary placement, by prescribing a combination pill instead of multiple pills, or by providing information about pharmaceutical company rebate or co-pay programs.

Ultimately, the goal of non-personal promotion is to create value for physicians by providing relevant, useful information that will inform their treatment decisions. Understanding physicians' behaviors and the patients they treat by looking at empirical patient-level data offers the best chance of success at all points in the communication process when creating messages for a new campaign or when refining messages for a campaign that's already in progress. ❍