

FEBRUARY 2010
www.PM360online.com

PM360

THE FULL SPECTRUM OF PRODUCT MANAGEMENT

ENTER!
OUR 2010
TRAILBLAZERS
INCLUDE NEW
PRODUCT MANAGER
AWARDS!
(PAGE 9)

THINK TANK
Making the Agency-Client
Relationship Sizzle

**NEW SALES
FORCE MODELS**
Respond Quickly to
Ever-Shifting Customer
and Brand Needs

EXCLUSIVE
MED DEVICE
SURVEY RESULTS!
Who's Tweeting and Why

WINNING SALES in the Hospital Arena

**Critical Concepts to Boost Your Brand's
Success Rate**

BONUS HOSPITAL COVERAGE
Leveraging Inpatient and Outpatient Data

Maximizing Growth Opportunities Across the Continuum of Care

The answer to where therapy is being initiated? Oftentimes, it's in the hospital.

BY JOE PRIEST

5 Keys to Effective Hospital Selling	
1	Timely data sources that include a cross-section of patients, payers, and facilities
2	Information that connects patient experiences through pre-hospitalization, hospital outpatient, hospital inpatient, and post-hospitalization
3	Identification and measurement of where therapy is initiated
4	Prioritizing sales efforts and messages with the right physicians who initiate in the hospital
5	Effectively aligning and coordinating hospital and field sales teams to optimize hospital initiation of a brand and spillover into the retail channel

download at www.pm360online.com/tools

PHARMACEUTICAL BRAND MANAGERS MAY be missing significant opportunities to maximize the growth of their brands because they don't have answers to some of the basic questions regarding who is taking their drug, who is prescribing it, and where therapy is being initiated. Pharmaceutical, biotech, medical surgical device manufacturers, and others concerned with brand-specific sales and product utilization rely heavily on physician-level—and, in some cases, patient-level—data to identify, measure, and analyze their brand's growth opportunities and trends. They rely on data providers that compile data from multiple sources, perform analyses, and generate a variety of market- and physician-level reports. In most cases, data providers rely primarily on either retail sources (chain drugstores, independents, food stores, and mass merchandizers) or wholesaler “sell in” data to access raw and projected brand data. However, a key component of patient care has been relatively absent from these data sources: hospital inpatient and outpatient diagnoses, procedures, therapies, and medical devices.

Hospital data has been compiled in the past but has been limited by the quality of information coming from disparate healthcare systems, HIPAA privacy regulations, and the lack of business relationships between healthcare systems and data houses. Over time, this has gradually improved, particularly as hospitals maintain better patient-level Charge Detail Master databases. Still, only a limited number of data and analytical firms provide specialized integrated patient-level information, analysis, and reporting across the “continuum of care.” The recent availability of

anonymized patient-level inpatient and outpatient hospital data, integrated with clinical and traditional retail pharmacy data, will energize the marketing of pharmaceutical and medical device brands. This will enable measurement of utilization by specific diagnoses and procedures of interest, as well as enhance brand-specific outcomes analysis.

Additionally, it's possible to integrate patient-level care as an inpatient or outpatient with retail-pharmacy prescription "spillover" that occurs after a patient has been initiated on a drug during a hospital inpatient or outpatient encounter—in effect, combining the patient-level hospital inpatient/outpatient data with patient-level clinical and retail data. This capability allows pharmaceutical and biotech companies to track care at the individual de-identified patient level—the goal of both pharmaceutical companies and healthcare providers in analyzing trends and outcomes of medication therapy. This capability promises to provide new insights into medical device utilization by procedure, drug initiation, modulation of therapy, compliance patterns, medical practices, and competitive situations.

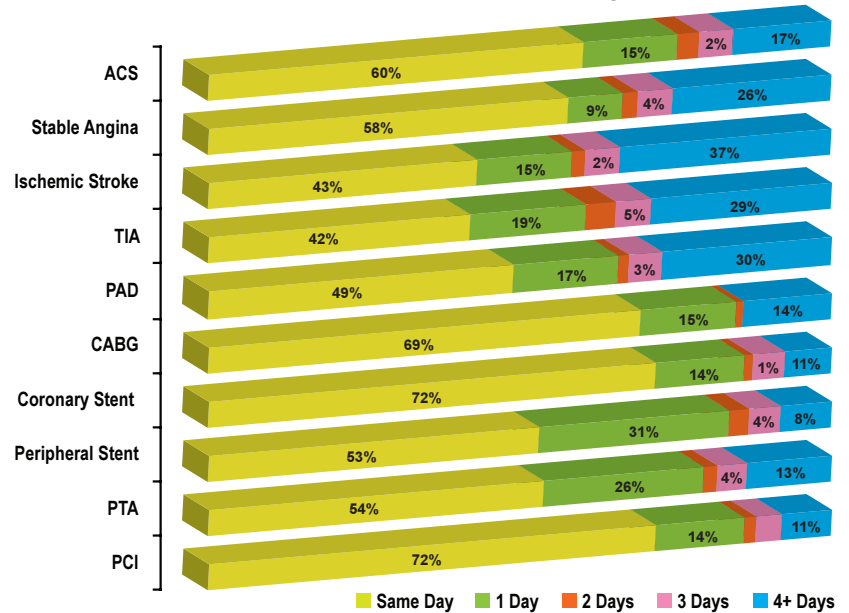
MARKET ANALYSIS CAPABILITIES

By integrating patient-level inpatient and outpatient hospital data, data providers can deliver more comprehensive, accurate, and timely hospital drug and device information than what has traditionally been available. This hospital-centric, patient-level data can be integrated with outpatient clinic and retail data to provide visibility into the anonymized patient-level care regimen.

It is also now possible to measure and track market demand and brand growth by, for instance, indication, diagnosis, or procedure of interest, based on actual inpatient and outpatient hospital drug and/or device utilization integrated at the anonymized patient level with clinic and retail drug care. This can be aligned to regional- and national-level marketing and sales activities to provide such insights as:

- How many patient new starts of a drug or implantations of a specific medical device occur within the hospital inpatient or outpatient channel
- How many of the hospital new starts for a brand spill over into the retail channel
- The value of each channel within the continuum of care for a brand
- How market potential can be measured while

Oral Anti-Platelets - Time to Fill OAP Post-Hospitalization



Source SDI Hospital Analytics, January 2009 - January 2010

download this diagram at www.pm360online.com/tools

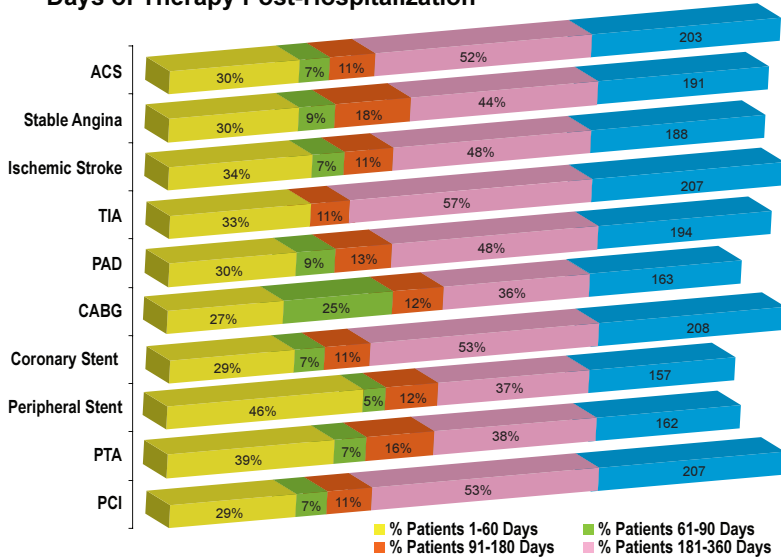
monitoring a brand and competitors in the hospital inpatient and outpatient care settings by procedure, diagnosis, inpatient diagnosis-related group, and outpatient ambulatory payment classifications

- How well a brand is competing for market share within different diagnoses and/or procedures in the inpatient and outpatient hospital settings
- Which physician specialties (ER physicians, hospitalists, and so on) are having the greatest impact on a brand's initiation versus modulation of therapy within the hospital setting
- How a particular drug or device provides a favorable financial or clinical outcome for patients versus alternative brands and care regimens
- How a business case can be built for earlier use of a brand in order to improve clinical outcomes and/or lower overall treatment costs (by utilizing diagnosis, procedure, and device or drug sequencing information)

Many long-term therapies, such as for hyperlipidemia, acute coronary syndrome, peripheral artery disease, diabetes, and acid reflux, are routinely initiated in hospitals. Anywhere from 40% to 75% of patients studied who receive a specific brand within the in-patient or outpatient hospital setting (depending on the indication) spill over into the retail care setting.

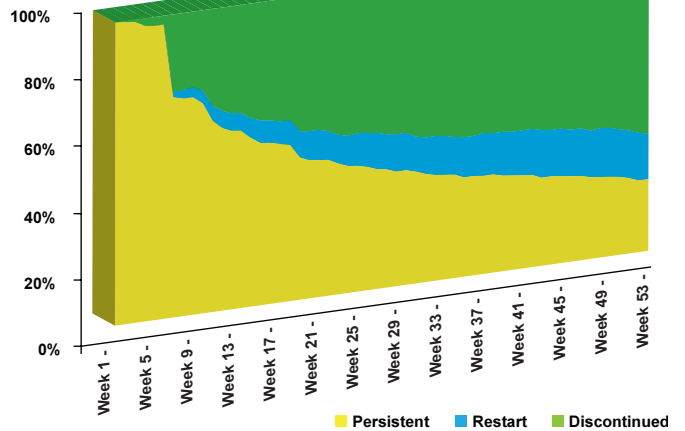
Oral Anti-Platelets - Distribution of RX Days of Therapy Post-Hospitalization

Average RX Days of Therapy (DOT)



Source SDI Hospital Analytics, January 2009 - January 2010

Oral Anti-Platelets - Spillover Persistency for Patients Who Had Cardiovascular Procedures



Source SDI Hospital Analytics, January 2009 - January 2010

download these diagrams at www.pm360online.com/tools

Brand teams can examine medical and prescription claims pre-hospitalization to determine pre-existing conditions, comorbidities, and prescription history for anonymized patients who ultimately went on to receive a therapy while hospitalized. They can study and measure hospital spillover and annuity values of patients initiated on a brand of interest in the hospital setting, or identify and measure post-surgical infection, pain, or readmission rates for patients receiving a medical device and/or a drug of interest during their hospitalization.

Because the data are connected, brand teams can follow patients into the hospital, giving insight as to which specialist utilized a medical device for each type of procedure performed (by ICD-9 or CPT-4 procedure code), or which drug was initiated by physician specialty, by diagnosis, and at what stage of the treatment cycle or location within the hospital (i.e., outpatient ER, telemetry, catheter lab) where treatment was initiated. It may also be necessary to see form and dose changes, such as movement from infused to oral therapies.

Following patients post-hospitalization clearly shows how many patients initiated on a drug regimen in the hospital went on to fill in the retail channel and remained persistent on a medication. This spillover represents a key marker for brands and is an important indicator of how well hospital initiation is driving retail fills.

TARGETING KEY INITIATORS

Do marketers know which specialists tend to make key diagnoses and initiate therapy? Are they reaching them at the most optimal time and place within the hospital setting? The answers to these basic questions are the foundation of an effective provider targeting strategy. They determine how best for a sales team to focus its efforts, whether in the outpatient, inpatient, or post-hospital setting. Again,

an examination of de-identified patient-level data for hospital visits can help to identify trends that drive how sales and marketing efforts are positioned.

Office-based detailing is extremely common and, generally, the results are measurable through retail prescriptions. However, hospital-based sales tend to be much less structured and focused. Often, the connection between sales activity in the hospital and at office-based physicians is missing. For therapies initiated in the hospital, this chasm must be bridged to realize a brand's full growth potential.

For many therapies, an emergency room physician or hospitalist makes the first treatment decision and initiates therapy within the ER or during an inpatient stay. This requires a different selling strategy and a new way of thinking. For example, emergency room physicians may best be reached between 10 p.m. and 2 a.m. If the analysis indicates that ER physicians are key initiators, then calling on them gives marketers the opportunity to initiate new starts upstream of their competition.

For many patients, initiation of therapy is due to a seminal event that occurs in the hospital. For marketers, it is critical to understand the circumstances that led to the initiation of therapy if they are to identify and capitalize on opportunities for growing their brand. ○



Joe Priest is Vice President of Hospital, Payer, and Government Services at SDI. He can be reached at jpriest@sdhealth.com