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## Strategies for Enhanced Physician Targeting and Segmentation

By **Caren Spinner**

At a recent Technology Supported Physician Detailing conference in Philadelphia, PA, Richard B. Vanderveer, Ph.D., CEO of the global pharmaceutical marketing and research firm V2 GfK, presented strategies for enhanced physician targeting and segmentation. In his presentation, Vanderveer addressed the question: What is targeting and segmentation, and how can it help companies approach the right physician, about the right product and with the right marketing message?

Vanderveer began by asking "How do we rethink marketing and where the pharmaceutical industry is going, and overlay that with the physicians that are and have been online, and what or where will the rep interface be?"

### **Some Marketers Miss the Boat**

To address that question, Vanderveer encouraged marketers to ask themselves "What am I trying to communicate and to whom?" Vanderveer stated that his belief was that due to lack of targeting and segmenting their market, some marketers might have missed the boat.

According to Vanderveer, the present state of pharmaceutical marketing's physician targeting is "uni-dimensional" and largely based on deciling, prescribing opportunity and "pounds of pills." He also noted that currently, physician segmentation projects once conducted are not implemented and customer relationship management is discussed but not practiced. Moreover, he pointed out the situation is much worse with regard to marketing to patients.

### **The Four T's of Micromarketing**

It is Vanderveer's belief that segmenting the physician marketplace and utilizing the "Four T's of micromarketing" (Targeting, Tailoring, Tactical Implementation and Total Customer Satisfaction) would enable marketers to make better decisions that would result in more effective communication to physician audiences.

"Targeting is merely figuring out who you should talk to in order to optimize marketing efficiency," suggested Vanderveer. Tailoring describes how to best customize the message to meet the different needs of the various audiences. Tactical Implementation refers to the mix necessary in order to meet those audiences' needs and preferences.

Vanderveer believes that the pharmaceutical industry has paid far too little attention to Total Customer Satisfaction and he suggested that implementing meaningful segmentation is a necessary key for better targeting, tailoring, tactical implementation and ultimately total customer satisfaction.

### **The Practice Context**

In discussing the new perspectives on targeting and segmentation for 2005 and beyond, Vanderveer stated that in order to be successful in pharmaceutical marketing, it is necessary to understand the physician within the context of his or her practice as well as understanding the treatment context in which decisions are made.

The "practice context," according to Vanderveer, is one that considers the entire scope of the practice model, including the way the physician practices and not just an individual physician within that practice. He told the audience that more than 75% of physicians active in clinical practice are in group practices, and that the majority of them are in practices with 2 to 9 physicians.

Vanderveer suggested that pharmaceutical companies approach these group practices as "accounts" to be managed rather than a collection of individual physician targets to be "hit". Approaching medical practices as "accounts" enables a rep to make a "whole office" or "whole practice" call. As such, when examining prescription data rolled up into practice-level data, it's evident that within any given practice, there is a mix of prescribers.

With regard to “e,” Vanderveer summarized for the audience that to implement a successful “e” strategy for a given physician, you need to first understand his or her practice context. In addition, it is important to understand that anything “e” worth doing (PDA’s, e-detailing, etc.) needs to be done at the practice level, and that the best use of “e” is CRM with key doctors in key practices.

### **The Treatment Context**

Vanderveer also stressed the importance of understanding the “treatment context” and pointed out that the prescription does not tell the whole story. As a result of new longitudinal patient-level data that are beginning to emerge, it is now possible to view the patient within the context of his or her complete treatment picture. Accordingly, a company can now examine the various pathways that patients take to get to the brand, allowing them the opportunity to inform future positioning strategies. In that way, it is possible for a company to group patients by similar patterns of care and craft specific messages for each patient segment. Vanderveer urged that the focus isn’t just on the patient as a diagnosis or condition but within an entire context that includes all medical “events” in which that patient participates (e.g., diagnostic tests, surgery, etc.) Still of value will be programs such as brand differentiation and programs for patient retention, compliance, and persistence.

Vanderveer suggested that e-strategies and tactics need to reflect this entire treatment context. Furthermore, e-messages need to address the specific context segments, regardless of whether that message is being delivered to the physician or the patient.

To conclude his presentation, Vanderveer predicted that the 2004 model of prescription-based physician targeting and segmentation will change, and he emphasized that it is important to understand how these changes will occur.

He said that a new model likely to emerge in 2005 will be looking at practice context-based CRM (marketing to key physicians in key practices) integrated with treatment context-based strategy and tactics. Ultimately, these approaches will yield better Targeting, Tailoring, Tactical Implementation and Total Customer Satisfaction.

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