



# “HCP RM”: The New Industry Buzzword?

by: Peter H. Nalen, President and CEO, Compass Healthcare Communications

Everywhere in the industry these days, you hear talk about Healthcare Professional Relationship Marketing (HCP RM), Non-personal Promotion (NPP), and Channel Preference Marketing (CRM). Nearly every company has these programs on their “to do” list, but few are actually implementing them. Why is this? On November 4, 2009, Compass Healthcare Communications hosted its Innovation Lab Series workshop in Princeton, assembling a team of participants and expert panelists to discuss this very topic.

## Innovation Lab Panelists

- **Alan G. Reicheg**, SVP Commercial Operations, Qforma
- **Devin Paullin**, Ex. VP, Business Development, Physicians Interactive
- **Mary Anne Greenberg**, President Alliance Healthcare
- **Michael J. Laferrera**, Sr. Vice President, Sales and Marketing, J. Knipper & Co.

## HCP RM: Why Now?

The old model for how to target and communicate with healthcare professionals has been turned on its head. The time physicians have to interact with sales forces continues to diminish and access to physicians is becoming increasingly difficult. Up to 35% of all physicians are now considered “no see” docs and some states such as Massachusetts are imposing restrictions on sales rep activities. Add to this the fact that pharmaceutical companies are drastically cutting their sales forces and you have an environment that’s ripe for new and more effective ways to reach HCPs.

## What HCP RM Is Not

Before exploring HCP RM programs in more detail, it helps to establish a few things that HCP RM programs are NOT. They are not newsletters or mailers or phone calls created in a remote conference room and then forced to a recipient. They are not comprised of generic content that makes no provision for how the recipient wants to be communicated with, what his or her level of knowledge is with the brand, or where the recipient resides along the brand adoption continuum. They are, instead, customer-focused programs, delivering the right message to the right audience segment at the right time using the right channel. The right message is one that is meaningful to the HCP. Figuring this out means understanding who the HCP is—what their needs and interests are, what motivates them—so that you can truly service their needs, not just sell them stuff.

## Where To Start

When many pharma marketers hear the term relationship marketing, they are quick to think of patient relationship marketing efforts such as compliance programs. But given that some physicians either cannot or do not want to meet with reps and that many prefer other and more varied forms of contact, it's clear that HCPs want to engage with the brand through several communication channels.

Building a successful HCP RM program is no easy feat. It all starts with understanding the different segments of your audience and delivering tailored, meaningful communications to them in the form, method or vehicle they prefer. Every disease state and therapeutic class is different. Organizations will have to adopt a different mindset beyond just a rep knocking on a quickly closing door. And there are no simple formulas that will guarantee success in any given specialty. But there are some best-practices tips we discussed over the course of the Innovation Lab session that can help overcome common challenges in the HCP RM space.

AWARENESS

ACQUISITION

LOYALTY

**1** *Identify leadership, budget, and resources:* One of the biggest challenges to implementation, especially in larger pharmaceutical companies is: *Who is going to lead the initiative? Who owns this "new" program?* The brand? The sales force? Another party? Who will pay for it? And what changes will need to be made to the technical infrastructure to support the program? This may prove to be the biggest obstacle. A truly effective RM program should be thought of as an infrastructure investment; not a mere campaign. By its very nature and considering the many departments that an effective RM program impacts, this initial step has the highest likelihood of derailing or significantly delaying the entire project. Our advice is to pilot a program with one or more brands that share the same specialist. *Do not go "enterprise wide" right out of the gate. Learn from the mistakes that were made with the adoption of online programs in Pharma. (See sidebar)*

**2** *Devise the right segmentation strategy:* Who are the right and wrong physicians for your program? What are the best messages to deliver to your different audience segments? To succeed in this area, you'll want to work with outside resources to *"really" understand your audience segments*. Successful programs are based on segmentation that's psychographic rather than segmentation that's demographic, script-driven, or decile-driven. *It's important, too, not to forget the nurse segment*, as nurses perform most of the legwork and patient interfacing. By first effectively segmenting HCPs and determining your goals, you can then move onto choosing the appropriate tactics and channels for those various segments.

In the late 90s/early 2000s the adoption of interactive marketing path went something like this:

- *Identify an emerging trend that presents a new marketing channel opportunity (ie, the Internet)*
- *Research and purchase a large, comprehensive system or platform that is a "best in class" solution for highly sophisticated marketing campaigns (think BMS and Broadvision)*
- *Pay an enormous sum for an outside consulting firm to determine the best way to implement the platform and train the organization...and then spend a year+ doing so*
- *Attempt to force brands to use the resource by mandating platform usage as well as providing partial funding and man power*
- *Do all this before the solution has been proven successful to brand marketers, or before they understand how to integrate it into their marketing plans*

What then followed, of course, is that the platform is under leveraged and usually deemed obsolete three years later, after millions of dollars have been invested and much time wasted. Finally it took some "Cowboy" brand manager on an overlooked brand (See Famvir at Novartis, circa 2001, the first brand to utilize an online coupon) to be the first mover, which the company then used as a model for the rest of the organization. Let's not make the same mistake with HCP RM. Identify a brand or group of brands that share the same physician target, pilot a program from which we can build a broader (if necessary) company-wide initiative.

**3** *Build the right databases.* Having a database that meets your RM goals is key to delivering customized communications to each specific audience segment. *Successful and strong relationships can only be attained when the database can continually “learn” and react over time.* Pharmaceutical companies are notorious for having physician databases that are anything but robust. And many lack the capability to appropriately design, build, and maintain the right kinds of databases. Unfortunately, many vendors who excel in this area have proprietary databases that pharma companies can only rent, preventing the pharma companies from truly owning, mining, and leveraging its own data. Still, there are tips for creating an effective database. It’s essential, first of all, to set up your database correctly from the beginning, ensuring that the data fields you collect are indeed the right ones and that the right people are using the database. *It’s critical, too, that the database be designed to acquire and decipher incoming information—eMails opened, poll questions answered, site pages visited, rep observations—so that the database continually learns where each target is on the behavioral continuum and what is required to move them further along.* This ensures that your communications meet the specific information needs of each segment, reflects their knowledge of the brand and where they are on the continuum. Your budget and technical requirements must also be able to support the data to be collected and stored.

**4** *Abandon political silos.* Beware the turf battles that may ensue, although this may be easier said than done. Chances are, a lot of hands will be touching your RM program, and there will be many interested, affected and vested parties—from individuals in multiple internal departments to a network of outside vendors. This is not the time to retreat to political silos. These different teams need to work together and complement each other’s contributions. *Pick the core competencies of each group and have them focus on the task at hand.* Everyone needs to know how to play well together in order to deliver the best program results.

**5** *Address sales force fears.* Nearly everyone would agree that the in-person relationships developed by the field force are the number one relationship marketing vehicle available. However, it’s not uncommon for sales reps and their management to view HCP RM programs with resentment. In reality, these programs aren’t intended to replace the sales force—ideally, *these programs should serve to assist and augment sales force efforts.* A successful RM program must be integrated with all the efforts put forth by the sales group, and be developed with their involvement

at all levels. To do so, it is imperative that all parties see the value of the program from the beginning and be allowed to not only participate in the upfront design but also have direct access to all ongoing reporting and results.

**6** *Measure results.* It’s amazing how many companies budgeting for HCP RM programs fail to invest in proper metrics. ROI strategies are key to analyzing which strategies and tactics worked, which didn’t, and which audience segments are worth investing in. It is hard to predict which tactic will work, and which path is most successful for each segment. There are no easy formulas for determining all this. At a minimum, *everyone needs to identify and agree to specific measurement criteria before ever launching a single program.* Given the pioneering stage of HCP RM programs and the number of variables involved, pre-program ROI analysis is difficult. Many times, a combination of models, formulas, and basic trust among your partners and internal measurement team is all that will suffice. You take your best collective guess ahead of time, implement a pilot of your program, and then closely measure the results.

**7** *Develop a program of tactics. This is* not about eMarketing or Interactive Marketing, but *about giving your targets another opportunity to engage with your brand. It’s less about selling and more about customer service.* There is seldom one singular tactic that you can pursue at the expense of all others. Tactics should be regarded as an entire program. Thinking multimodal is key. We have to give physicians a chance to respond to determine their preference for not only the tactic but also how it is delivered. The good news is that physicians are already accessing some of the technology you’ll be using. An estimated 80% of all physicians under the age of 45 carry smart phones and nearly 1 in 4 participates in eDetail programs. *There are many vehicles at your disposal—take the time needed to invest in the right ones.*

**8** *Don’t lose sight of the message.* If you’ve been delivering the same message to your audience for a while, changing the medium in which you communicate that message is not likely to have much of an impact. Concentrate instead on delivering information that’s new and meaningful to physicians. *Translate those hours and pages of physician insight research into meaningful content that can result in behavior change.* Find a balance between branded and unbranded communications. Focus on providing needed services to your audience versus simply selling yourself and you just might find yourself becoming the de facto expert in an area.

Clearly, HCP RM programs are growing in prominence. Finding success in this area requires understanding your customers like never before in order to offer them meaningful information and tools that they actually want to use. By integrating these tactics and resources so they all work well together you can successfully shift from the mindset of physician “selling” to one of physician “service.” Making that shift will strengthen your relationships with all your key targets—a critical requirement in moving HCPs closer toward ultimate brand loyalty.



**Compass Healthcare Communications** is a leading, full-service interactive and relationship marketing agency focused exclusively on healthcare. Our innovative communications solutions help improve the health of people with serious and chronic conditions such as Diabetes, Acromegaly, CTCL, and PAH. We solve challenges creatively and are relentless about ongoing measurement and optimization. These strengths, combined with our company-wide belief in honesty and integrity, are what drive our organization and keep our clients coming back.

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1 The Innovation Lab series is an informative and collaborative workshop that provides insight and guidance about emerging marketing trends and how to successfully apply them. More than passive “sit and listen” sessions, these are engaging and interactive events from which attendees emerge smarter and armed with real marketing solutions for their company or brand(s). Previous sessions have focused on Social Media and Mobile Media.

2 (SK,A, 2009)

3 Manhattan Research, 2009