



## ARE YOU WATCHING THIS TREND?

Graham Davies, Davies Strategic Solutions Inc.

**S**ome of the news headlines we have seen in the past several years speak of physician shortages. That is, our aging population is demanding more health services of a slowly growing and insufficient number of primary care doctors. Dr. Liisa Jaakkimainen and her colleagues at the Institute of Clinical Evaluative Sciences (ICES) have given us much greater insight into this trend by publishing *Primary Care in Ontario: ICES Atlas*.<sup>1</sup> This trend is demonstrated by the sharp increase in various prescriptive and diagnostic services while the number of FP visits is essentially flat from 1993 to 1994 to 2003 to 2004. Underlying this trend are several others that impact your sales and marketing strategy and selection of communication vehicles.

First, only six in 10 Ontarians, one to 39-years-of-age were reliant on a single physician or group practice for their primary care. The remaining four in 10 patients instead depended on multiple physicians often accessing the majority of their care from walk-in clinics or emergency departments. If you are marketing medications for use by a pediatric or younger adult population (*i.e.*, otitis media, weight management, asthma, contraception, etc.), you have a significant portion of your patients coming to the physician with your indication as their primary complaint or requesting specifically your class of medication. Your communication must reach physicians who work variable hours and in different locations.

Second, FPs whose main practice venue is solo or group practice, work more days and see fewer patients than those in walk-in clinics. The authors show that physicians in solo or group practices do more annual exams and treat more chronic obstructive pulmonary disease and diabetes and substantially less asthma. This means that FPs whose main practice venue is solo or

*Only six in 10 Ontarians one to 39-years-of-age were reliant on a single physician or group practice for their primary care.*

group practice are your primary target for chronic conditions afflicting an older patient population (diabetes, hypertension, dyslipidemia, benign prostatic hyperplasia, etc.). They are taking more time with patients and are more likely to uncover other medical issues. These doctors are more likely to be male, older and working longer hours than they did 10 years ago. Your choice of tactics will likely be more focused around the sales representative.

How well is your marketing strategy aligned with the opportunity represented by each of your physician segments? Are you choosing an appropriate balance of tactics and initiatives suited to your audience segments' communication needs? Have you planned for an appropriate quantity and mix of exposures given your market opportunity and brand's lifecycle stage? Can you systematically demonstrate to yourself, your peers and your management the answers to these questions? **CPM**

*For more information about how to plan, optimize and monitor your promotional mix, contact Graham Davies at (416) 467-7005 or by email at [g@davies-strategic.com](mailto:g@davies-strategic.com).*

Reference:

1. Schultz SE, Tepper J, Guttmann A, et al: Characteristics of Primary Care Practice. In: Jaakkimainen L, et al (ed.): *Primary Care in Ontario: ICES Atlas*. Toronto: Institute for Clinical Evaluative Sciences; 2006. From [http://www.ices.on.ca/webpage.cfm?site\\_id=1&org\\_id=67&morg\\_id=0&gsec\\_id=0&item\\_id=3655&type=atlas](http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=67&morg_id=0&gsec_id=0&item_id=3655&type=atlas)