

Call Planning that Delivers on Brand Strategy:

New Information Sources Determine Prescriber Value



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For a product to have the best opportunity to win in the marketplace, there must be a seamless progression from market intelligence and analytics to brand strategy and finally to sales execution.

About 75% of pharmaceutical companies are still determining which physicians they will call on—and how often—just as they did 10 years ago when the name of the game was “reach and frequency.” Even in a time of increasing financial pressures, thinner profit margins, a migration to specialty products and physician backlash against a waiting room full of pharmaceutical representatives. With leadership focusing on improving field force productivity, it only makes sense to rethink the way sales efforts are directed.

When to refresh call plans

As products advance through their life cycle and market dynamics shift, brand strategy should be continually reevaluated and the call plan should be revised to reflect the new approach. When properly conceived, the call plan directs representatives to physicians whose practice characteristics are conducive to supporting the brand goals.

The right physicians through longitudinal prescribing information (PI)

Measures of what physicians currently prescribe are decidedly important in determining a physician's value to a

brand. But they should not be the only metric used to evaluate physicians. Longitudinal PI is a rich information source that can be leveraged to hone in on physicians whose prescribing behaviours and practice profile are compatible with brand strategy.

New to brand prescriptions

Longitudinal analyses of physician prescribing can filter out new prescriptions that continue or restart therapy, leaving only the volume of prescriptions generated for patients who have been prescribed a brand for the first time. The resulting measure of New-to-Brand prescriptions (NBRx) serves as an important indication of which physicians are generating the most true new business for a brand—an especially important piece of information for products treating a chronic condition in a market where brand loyalty is high. When deciles, created based on the number of prescriptions truly “in play,” are compared to using total prescribing volume (TRx), the call plan can look dramatically different (Figure 1).

Product switching

Companies can also find value by looking beneath new prescription volumes to understand what percentage of a physician's prescriptions that initiate therapy, actually represents switches to/from a given product. This is particularly beneficial if brand strategy is built on the premise of competitive detailing.

New-to-brand decile

	D01	D02	D03	D04	D05	D06	D07	D08	D09	D10	N/A	
Total Rx decile	D01	42	15	16	15	9	6	5	10	6	6	1
	D02	43	31	27	37	22	12	12	10	12	12	3
	D03	37	44	51	52	26	29	18	12	21	9	0
	D04	13	43	62	72	56	41	41	26	20	6	8
	D05	12	34	71	100	59	61	57	47	28	15	6
	D06	1	28	61	116	80	87	109	76	40	23	5
	D07	4	9	37	74	85	127	153	130	86	28	8
	D08	3	8	25	66	89	139	202	223	166	74	12
	D09	1	2	12	45	50	138	256	437	511	292	29
	D10	1	1	4	19	24	47	130	396	1,142	4,806	3,576
	N/A	-	-	1	-	-	2	1	2	6	376	

Use of NBRx results in more focused physician selections with 306 doctors in top 3 deciles, compared to 651 doctors based on TRx deciles.

More than half of all TRx deciled prescribers had little or NO initiations or switch therapy; 94 were TRx decile 6 or higher.

Rx: Prescriptions TRx: Total prescribing volume NBRx: New-to-brand prescriptions

Figure 1. Deciling prescribers only on prescriptions that are “in play” can lead to better physician selection decisions when compared to deciling prescribers on market TRx volume.

Table 1

Steps to creating an effective call plan

- Start by segmenting physicians along variables that relate to your brand strategy
- Create a workable prospect list from the segmentation
- Generate a call plan from the prospect list that makes the best trade-offs from a resource and portfolio standpoint
- Determine how much information you want to share with representatives about the reasons each physician is on the call list
- Educate representatives on the strategy behind your new call plan
- Give representatives an opportunity to make adjustments based on their field experience
- Refresh the data and make ongoing refinements to the plan as market dynamics change

Patient compliance and persistence

Patient compliance and persistence varies dramatically from one physician to another.

When persistence is generally low, companies could identify physicians whose patient base is above average in this area. Additionally, brand managers can actively focus on areas with higher persistency rates to understand prescribing dynamics which can ultimately be used for the development of promotional messaging in other areas of the country.

Patient age and gender

Depending on the therapeutic area and the product’s attributes, such characteristics of a physician’s patient base may be important in determining the best physicians to reach. For instance, a company marketing a therapy delivered via a transdermal patch may want to concentrate its sales efforts on physicians treating patients who are predominantly over 65-years-of-age.

Lifetime value of physicians

Some physicians who have a low portfolio value today may be on a trajectory to become a valuable portfolio prescriber in a matter of a few years. Depending upon where a product is in its life cycle and the company’s pipeline, it may make sense to identify these physicians and cultivate relationships with them today.

Companies that take advantage of the new information resources available ensure brand success by equipping their largest promotional investment, the sales force.

The resulting call plan provides a road map that specifies which physicians to call on, how often and in what order to detail products. Ultimately, this will lead to a greater ability to effectively implement brand strategy and drive portfolio performance.

