



# Take the plunge.

**Embrace the new pharma market before your competition.**

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For several years, pharma has enjoyed record-breaking profits, market expansion and the rise of blockbusters.

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In such a market doing a lot of shouting (broadcast), and treating the market as one homogenous pool of physicians and patients, has been effective, largely because the markets themselves have been growing. Further, in a growing market, the need to understand your customers better than your competitors do is important, but not critical to success—given the size of the new markets, there's simply enough business to go around.

Things are changing. R&D spending is on the rise, but the rate of NDA's and FDA approvals is in rapid decline. Physicians are closing their doors to reps. The use of incentives is becoming increasingly scrutinized, if not flat out disallowed. Federal legislation is sure to play a role in pricing, and the declining blockbusters are on the brink on patent expiration. In short, pharma will be forced to find ways to grow within a different set of market conditions, in which they will have limited products in the pipeline, more drugs that serve smaller groups of patients, restrictions on the ability to market directly to those patients and decreased access to the physicians that write their products.

Smell the smoke? Feel the heat? The platform has been set afire.

From a marketing perspective, the burning platform creates a series of interesting challenges. For certain, the tried and true playbook that can

be easily picked up by a marketing manager on rotation from the field will not continue to work. These tactics were effective based on a set of market assumptions that no longer apply. Today's product managers need to think differently and consider some of the following questions: What specific physician segments are most important to the long-term growth of my brand? How can tactics be tied together so that each interaction learns from the physician and informs the next? How can my vendors work better with each other and provide better collective value than they can individually? What is the true value of share of voice when the conversation with physicians has been reduced to a few key selling messages that must be communicated in 90 seconds or less? And, perhaps most importantly, what will happen to share if my brand's competitors understand the needs of target physicians better than I do?

Fortunately, there is time to retool. The industry is largely unchanged in the way it communicates to doctors, which means that pharmaceutical companies and their brands have a short window of opportunity to innovate and create competitive advantage that is driven by more relevant dialogue based on better insight about the physicians they serve. How? The successful marketer will invest in a comprehensive store of physician behavior, interactions and insight across all tactical touch-points to provide a single view of the physician.

This proprietary database can be leveraged to augment the declining intimacy between physicians and sales reps. Such a database does not replace formal market research, nor does it replace the rep-physician relationship. It simply extends those discrete insights into a living and evolving understanding of physicians' needs that can be used to enhance marketing communication and develop tools of real, inherent value.

“A single view of the physician can provide immense value.”

The bottom line is, this level of insight will either continue be held by vendors that currently rent access to physicians online, or pharma can begin the process of obtaining that insight for themselves. In either case, relying on a rented relationship with customers in an uncertain economy and in an industry undergoing change is a risky proposition. It's time to invest in physician relationships before your competition does.

Wyeth has made great strides and investment in the way it manages physician relationships. Most of the heavy lifting and innovation was done by Wyeth personnel, which signals a profound commitment to rethink how the company intends to communicate with physicians. Several pharma-cos have started to invest in their own centralized database of the physicians they serve—in large

part to monitor compliance issues. Ultimately, this database should be used for broader marketing purposes as well, provided the data enables a single view of the physician across all interactions. In any case, despite the original motivation, this single view can provide immense value. Marketing can better assess aggregate marketing investment against prescribing behavior. Sales can better understand prescribing factors to aid in pre-call planning. The brand generally will benefit from a systemic longitudinal understanding of physician attitudes, behaviors and needs—which will only serve to enhance the development of more relevant, valuable materials to serve its physician customers. All of this, of course, hopefully results in increased sales.

The platform is afire and now our choices as marketers are no longer balanced, but weigh heavily in favor of having to do *something*. But marketers need not be reactive. Smart pharmaceutical companies and smart marketers will embrace this new market as an opportunity to get to the next platform before the others do.

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**Want to continue this discussion? Get in touch with JON SAWYER at [jsawyer@closerlook.com](mailto:jsawyer@closerlook.com).**