

Three Ways to Crawl, Walk & Run Towards Hyper-Personalization

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As marketers, we salivate at getting to that nirvana, 1:1 marketing. Collectively, we have been talking about 1:1 communication for a very long time. Most sources pinpoint the first usage in a book published in 1994, *The One-to-One Future*. Although we see some consumer brands marching towards this goal, pharmaceutical brands have constraints that can keep our industry from delivering what we strive for—exceptional personalization—driven customer experiences.

If you yearn to deliver more personalized experiences to clinicians but haven't operationalized a fully functional omnichannel engine yet, here are some ideas that can get you started on the journey.

1. Regionalize.

You can think about adjusting your message based on regional factors in so many ways. Are there geographic locations with a higher density of patients with a particular disease state or comorbid condition? Or do you have underutilized co-pay programs or high rates of commercial coverage in specific states that overlap with high patient density? Here at Relevate Health, we strongly believe that healthcare is local. We help our clients find those key local issues, levers, and motivators to drive prescriber behavior.

For example, we recently had a client with a breakthrough indication whose success was rooted in creating disease awareness. Leveraging localized incidence data and variable fields, we created a more personalized and relevant experience based on geographic location, specialty, and patient population with our PracticeShare® by Treatment Perspectives engagement solution. The program's framework was standard nationwide, but the content was specific to the treater's location, creating a unique experience for that prescriber. Plus, the regional data was so compelling, showcased in a trade-show display, bringing relevancy to a live experience.

2. Reflect your prescribers.

When looking at amplifying peer-to-peer influence, think beyond national key opinion leaders. It may be tempting to rely heavily on your superstar speakers for all your programs, but you may also have many physician associates (PAs) writing scripts. These front-line prescribers are sometimes overlooked when being perceived as key opinion leaders. Yet their influence on script volume and patient education can't be overstated. According to the *MSL Journal*¹ 97.5% of practicing PAs are prescribers and have over 500 million patient interactions a

year. Consider featuring peer-to-peer communications delivered by National KOLs **and** other allied health professionals, such as PAs. Our KOLCast program delivers short-form videos at scale. The Relevate Health team can identify key influencers in the prescribing journey and recommend topics that apply to all treatment team members. Each topic is defined through a moderator guide. Guides are approved once but can facilitate filming several clinicians, from nationally known KOLs, General Practitioners and PAs. Each clinician can bring nuanced delivery of key topics for brands. This allows your reps to share peer-to-peer videos of the **right topic** and the **right prescriber** most reflective of the customer's needs and their role in the patient journey. This can be accomplished during a live detail or via a rep-triggered email. The key is providing your reps with video assets featuring key clinicians along the prescribing journey, providing a more personalized customer experience.

3. **Create micro-segments.**

Data-derived segmentation is the backbone of most pharmaceutical marketing plans, but have you considered micro-segmentation within a connected campaign? Say you want to uncover what prescribers know about an unmet need related to your indication before launch. You can deploy a Treatment Perspectives Interactive Quiz to help identify the knowledge gaps of your audience. You can then subsegment your list into micro-segments based on what you learned. With this understanding, you can tailor your next campaign interactions. As an example, you discover Endocrinologists are well-educated on an unmet need, but a deeper dive into the disease mechanism is required. Conversely, you learn that there is a knowledge gap among general practitioners related to the risk of hospitalization for your indication's disease state. Knowing this, you can create micro-segments that enable you to trigger relevant messaging that is more reflective of your audience's needs and wants. This approach may be a baby step towards hyper-personalization. Still, it is achievable and can allow you to learn more about your audience and their educational needs in the short term. This information can be leveraged in digital channels. Still, it can also be shared with your sales force, enabling them to tailor their conversations and listen for similar learnings in the field.

Striving towards 1:1 communication may feel daunting when meeting each prescriber where they are. Why not consider how you can crawl and walk towards that goal, as we are all learning to run?

Source: 1 <https://themsljournal.com/article/the-overlooked-key-opinion-leader-kol/>

