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Why you should consider Patient Finding for physician targeting

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Key Points: Patient Finding Overview

» The advent of Anonymous Patient-Level Data (APLD) and robust, cost-effective machine learning models provides a more focused way of targeting physicians.

» New therapies are focused on smaller patient populations, and broad-based methods of targeting physicians have become inadequate.

» Patient Finding's key power is in identifying niche patient populations in the "real world" who are candidates for your brand.

» Patient Finding allows companies to target top physicians with the most brand-eligible patients in their practice.

» Patient Finding can also inform messaging and timing of customer encounters.

» Patient Finding will eventually become standard practice for targeting in the pharma industry – don't be left behind.

Why you should consider Patient Finding for physician targeting

Patient Finding is an innovative tool to improve customer targeting that can be implemented fairly quickly, without a lot of organizational disruption, retraining, or complex data integration. It is a worthwhile addition to your portfolio of targeting methods.

For appropriate brands, Patient Finding can provide a significant competitive advantage. As it becomes more widely used by the pharma industry, late adopters may find themselves at a competitive disadvantage.

How improved data availability and analysis brings Patient Finding to physician targeting

The introduction of physician-level prescribing data a couple of decades ago took reps from trying to prioritize visits using crude zip-code-level or pharmacy-level data to an understanding of physician prescription habits that enabled more precise targeting.

More recently, the advent of Anonymous Patient-Level Data (APLD) and robust, cost-effective machine learning models has provided a way to build on physician-level prescribing data and develop even more focused ways of targeting physicians. Companies can now understand not only what happened in a physician's practice in the recent past through prescribing data, but also what types of patients a physician is currently seeing and whether those patients are, or soon will be, candidates for the company's brands. We call this Patient Finding.

Patient Finding can also be called Patient ID, Patient-Level Targeting, or Disease Treatment Progression Targeting. Patient Finding or ID are the most commonly used terms.

Patient Finding relies on the vast amount of accurate APLD available about diagnoses, treatments, tests, procedures, visits, symptoms, and patient demographics that can be linked and analyzed to identify patient patterns that indicate a particular condition of interest.

All the information is anonymized at the patient level. The company does not know the identity of any patient. They can simply conclude, with a fair degree of accuracy, that a patient at a particular practice has a condition that could benefit from a therapy the company is promoting.

The increase in niche products requires more precise physician targeting

The blockbuster drugs of the past, such as those for hypertension, hyperlipidemia, and diabetes, were indicated to treat large populations with fairly uniform conditions. But those older drugs are going off-patent and going generic.

More recent drugs for these conditions aim at patient populations that either don't respond to broader therapies or that have more severe conditions. Overall, therapies today are targeting more serious conditions that affect smaller populations.

Since these populations are so much smaller, the old broad-based methods of targeting have become inadequate. In the era of broadly indicated drugs, a rep could go in to a primary care physician who saw ten patients a day with high cholesterol or hypertension. And there wasn't any reason to time the visit in any particular way, as the physician saw such patients daily.

Modern therapies require a very different approach. Instead of ten a day, a physician might see a patient with a condition of interest once per quarter. For a rare disease, a physician might see a patient suffering from it once in their career. With these constraints, the old strategy of broad reach and high frequency has become too wasteful.
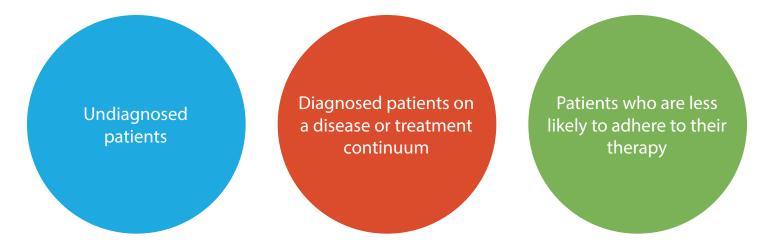
Fewer visits by fewer reps is becoming standard. So each visit has to really count. The rep had better be talking specifically of therapies that might meet the patient concerns of this particular physician, and at a time when a condition is top of mind for that physician.

Brand-relevant patients found in the "real world" by Patient Finding

Patient Finding's key power is in identifying niche populations in the "real world" that are candidates for your brand. Its usefulness extends far beyond the category of rare diseases. Increasingly, smaller and smaller patient populations are being stratified by response, side effects, and other factors, even within what were previously large, undifferentiated populations for a given indication.

There are three particularly useful types of patients that Patient Finding identifies:

Undiagnosed patients

Diagnosed patients on a disease or treatment continuum

Patients who are less likely to adhere to their therapy

Undiagnosed patients with specific conditions are a key group for Patient Finding. A practice could have a patient with a rare or unusual condition, one that the practice might not be familiar with or may have misdiagnosed. A rep can go in and visit the appropriate physician and raise awareness of this particular condition, so when the physician next sees the patient, the condition and diagnosis criteria are top of mind.

Patient Finding can also predict where a diagnosed patient is **on a disease or treatment continuum**. Many products that benefit from Patient Finding are second and third-line therapies. Patient Finding can identify patients who are on their way to failing their current treatment and enables timing physician contact to ensure the brand message is top-of-mind when it is likely to be most relevant.

The third group is of patients identified by Patient Finding are those who are **having trouble remaining adherent to their medication**. In the pharma industry, poor patient persistency is one of the largest sources of revenue losses. The reasons for lack of persistency are many, including drug cost, prior auth requirements, side effects, difficulties in administration, and a perceived lack of efficacy. Patient Finding can separate out groups of patients who are more likely to not adhere to therapy, and companies can leverage this information to focus patient intervention programs and persistence messaging on the right customers.

Patient Finding is an effective way to prioritize physician visits

To improve their targeting, some companies are implementing a Next Best Action (NBA) model, sometimes called Dynamic Targeting or Orchestrated Engagement. The NBA concept emerged from the consumer world, where it's possible to get a lot of information on a prospect's level of engagement, what they have seen, what promotions they have received, and what intervention they might be most responsive to.

While consumers engage in a variety of ways, online and elsewhere, and a pop-up ad or an email offer can sometimes get them to respond, physician engagement is more complex, encompassing personal, non-personal, and digital promotions. Tracking and collecting all of these interactions by channels and attributing promotional response to each one is difficult to implement, takes a lot of effort to maintain, and is analytically complex.

By contrast, Patient Finding is a relatively straightforward addition to existing targeting methods, does not require historical promotional data (a plus for launch brands), and can be implemented quickly.

A key benefit is the ability to prioritize physicians. Each field rep has limited reach and increasingly limited access. The choice of who are the best physicians to call on in the next 30 days must often be made in the absence of full information. If a company uses Patient Finding, it can identify the top physicians with the most brand eligible patients in each territory. For rare disease therapies, Patient Finding might be the single most effective way to target physicians.

Reps that carry multiple brands or indications to the same physician can use Patient Finding to determine which therapies would be most likely to meet this particular physician's needs in the near term.

All reps have to place a bet on the value of the physicians they approach. With Patient Finding they will make bets with higher expected values.

How best to add Patient Finding to a physician targeting toolkit

Some companies have been using Patient Finding successfully for several years at this point, while others see it as a new and radical concept. Companies that are new to it often worry that Patient Finding might not work as well as claimed, or be too complicated for their field force to implement effectively. They are sometimes unsure of the best way to take advantage of the information that Patient Finding provides. Approaching a physician practice targeted in this way and choosing appropriate messaging is seen as a challenge.

The sophistication of an algorithm (often machine learning) underlying Patient Finding should not lead to a rep's feeling that their approach or messaging should be similarly complex. It's not necessary to make significant changes in how a rep discusses options with the target physician.

The rep knows that this physician has a certain number of likely candidate patients in their practice. The rep can deliver their usual brand message and sometimes emphasize different points based on Patient Finding information, knowing that their message will be relevant and timely for the physician. Physicians can use that information for their benefit.

Patient Finding is extremely helpful not only in finding physicians with the appropriate patients in their practice but also in informing the timing of the approach, particularly for patients who are about to fail on their current therapy. A properly timed message will resonate with the physician if their patient shows up at the office in need of the appropriate second or third-line therapy within a few weeks of a rep's visit.

How one company improved uptake of their niche therapy

To show how Patient Finding can work in practice, an example will help. Like the patients themselves, the manufacturer, condition, and drug will all be anonymized.

A company had a biologic for patients with a severe manifestation of a relatively common disease. Though the broader disease affects many millions of patients, this particular therapy had a target patient population of fewer than 100,000.

Though small, there is heavy competition for this niche patient population. This company was already competing with two products, and there were more that were entering the market soon. The biologic was a third-line or sometimes fourth-line product, so patients would only be started on this therapy when less-expensive drugs had proved ineffective.

The company found that it was having a difficult time finding new patients and getting those patients on their therapy. Their rollout was far behind plan.

So they decided to do a Patient Finding exercise focused on disease and treatment progression to see if they could identify patients who would soon need to move from a failing second-line therapy to a third-line therapy that might help them. They identified patients who were likely to need the company's therapy in the next 30 to 60 days.

They rolled this information out to their field force and directed them to the practices that treated these specific patients. After three months, they ran a retrospective analysis to see if they'd had any changes in their brand. What they saw was a 20% increase in new patients across all of their physicians. But within the group of new physicians that they had only started to target specifically because of this Patient Finding exercise, they saw an over 80% increase in new patient starts.

This is another benefit of using Patient Finding: it allows for identifying potential high-value physicians who are not already high prescribers.

Patient Finding Exercise Results

After using Patient Finding to identify patients who were likely to need their therapy in the next 30 to 60 days and rolling that information out to their field force, the company saw:

20%

increase in new patients
ACROSS ALL PHYSICIANS

80%

increase in new patients
**WITHIN PHYSICIANS TARGETTED
BECAUSE OF PATIENT FINDING**

The time for Patient Finding is now

Patient Finding will inevitably become more common, because of its relatively low barriers to entry. It can be adopted by any company since access to APLD continues to increase and costs go down.

As a result, Patient Finding will eventually become standard practice. So it makes sense to pick it up now, when a market advantage can still be derived from it. The biologic therapy cited above grabbed market share ahead of its close competitors and will be able to maintain that base of physicians and patients for some time to come. Its competitors now have an uphill struggle, even if they now adopt Patient Finding themselves. It is always easier to maintain a base than it is to acquire it in the first place.

Many companies with broadly used therapeutics, large national salesforces, and a known brand may have a targeting model that currently works for them and find Patient Finding irrelevant. But even they could spend their money more efficiently and use the savings to boost areas where they need to work harder.

And, eventually, many broad therapeutic areas will become groups of smaller indications, as precision medicine enables more targeted treatments. Sales forces will need to follow those treatments to the smaller groups of patients that have the best response to them. Patient Finding will be an essential element in physician targeting going forward.

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