White Paper

The Evolution of Target List Quality Over Time

How the introduction of new prescribers and inactivity of others shakes up your target list

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Introduction

Segmenting physicians according to potential is the mainstay of targeting activities and can be performed in Belgium with high accuracy with a Targeting Best Practice (TBP) exercise. The purpose of a TBP is to assign for the market or product the segment of each member of a population at nominative level, whilst respecting privacy limitations. Alternatively, target lists can be built through internal expertise – but over time the utility of any target list gradually erodes. If we start with a list of HCPs in year one, and were able to correctly segment each individual according to their potential, by the next year some of those HCPs will not belong in the same segment. This is to be expected as the HCP takes on more patients, relocates to a new practice or perhaps starts to reduce his/her workload. But how significant are the changes caused by these events, and can it be predicted which markets or specialties will be most likely to see evolution?

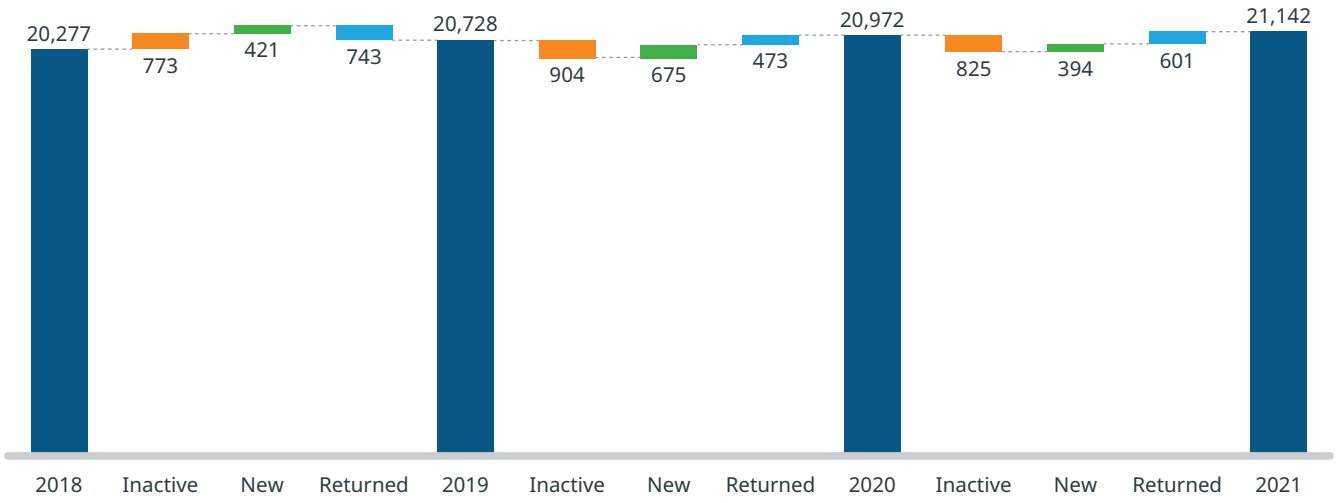
We tracked the evolution of physician potential year after year over a four-year period to investigate these questions.

How does the composition of a target list evolve over time?

Firstly, there are changes in the make-up of the physician population that will have an underlying effect on the number of prescribers, the concentration of potential and the segment into which each member of the population belongs.

Starting with GPs, between our first year (2018) and the present, each year on average 4% of the active population became 'inactive' in the subsequent year – meaning they no longer prescribed anything for that full year. Of these, on average 35% returned to prescribing activity the following year. There are also new that graduate or relocate to Belgium to become members of the prescribing GP population – on average over 600 GPs each year (around 3% of the population, Figure 1). These developments mean that by 2021, 7% of the original GP population of 2018 are no longer active, and there are 2,207 GPs (about 10% of the prescribers in 2021) that have appeared as prescribers and would not be 'on the radar' of pharma companies in 2018.

Figure 1a: Waterfall diagram illustrating successive addition of new GPs to the prescribing population, loss of those that become inactive, and return of some after a period of inactivity of 1 or more years. Proportion of 2021 GP population that remains from 2018, % new (or returned to activity), and % that have become inactive.

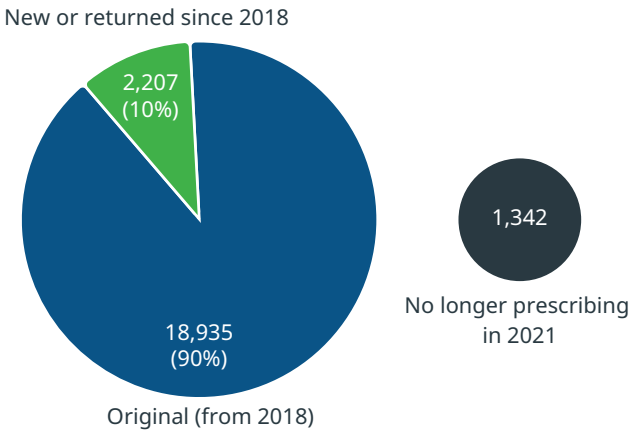


Were these changes just impacting the bottom-end of the physician pool, removing low prescribers and adding back equally unimportant ones? To find out we segmented the population of 2018 into 5 groups, from the Very High segment through to Very Low segment, where each segment is defined by sets of 20% of total prescribed volume, plus Non prescribers. This means the number of members of each segment is dependent on the concentration of prescribers in the population rather than being a fixed number. In each year the segmentation was reperformed according to the prescribing behaviour recorded.

With time we see that the segments begin to diffuse, and GPs originally found to be very important are often no longer so important: by the third year, 22% of the original Very High and High segment GPs should no longer be in those segments, so the importance of these has become over valued.

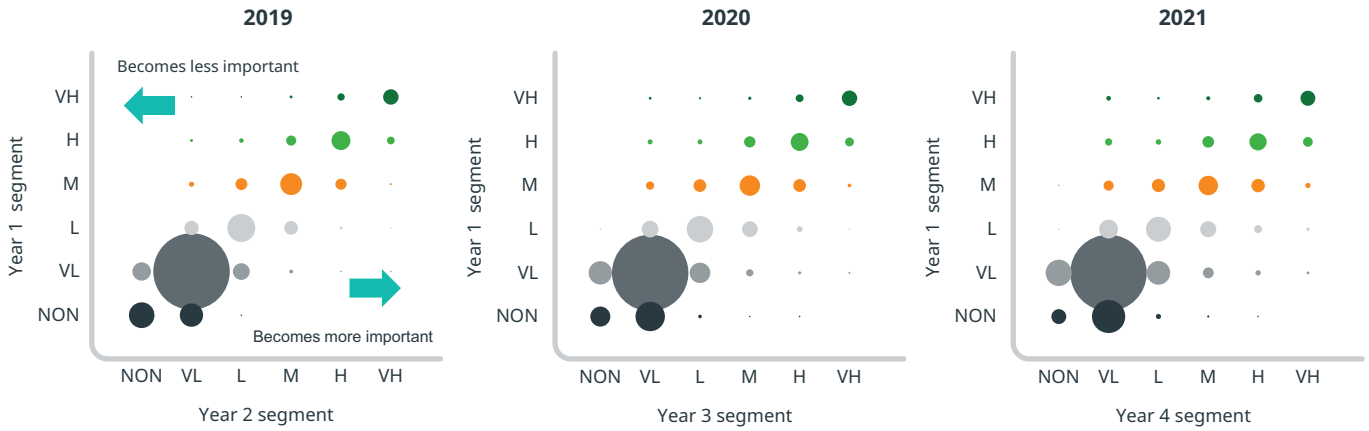
In the fourth year the original Very High and High segments combined are 28% incorrect, and there are 216 GPs originally assigned to Non prescriber, Low and Very Low segments in 2018 that now belong in the Very High and High segments – GPs that deserve to be on the target list but which are currently overlooked. We saw physicians moving up into higher segments

Figure 1b: Proportion of 2021 GP population that remains from 2018, % new (or returned to activity), and % that have become inactive.



and down into lower segments with about equal propensity, but it was clear that with time there is more and more of this redistribution from the original segment (Figure 2). While these numbers may not look large, this churning of the population can have considerable impact in terms of both wasted calls and missed opportunities.

Figure 2: Bubble diagrams showing loss of GPs from their original (2018) segment to lower or higher segments over time. The size of the bubbles reflects the count of GPs.

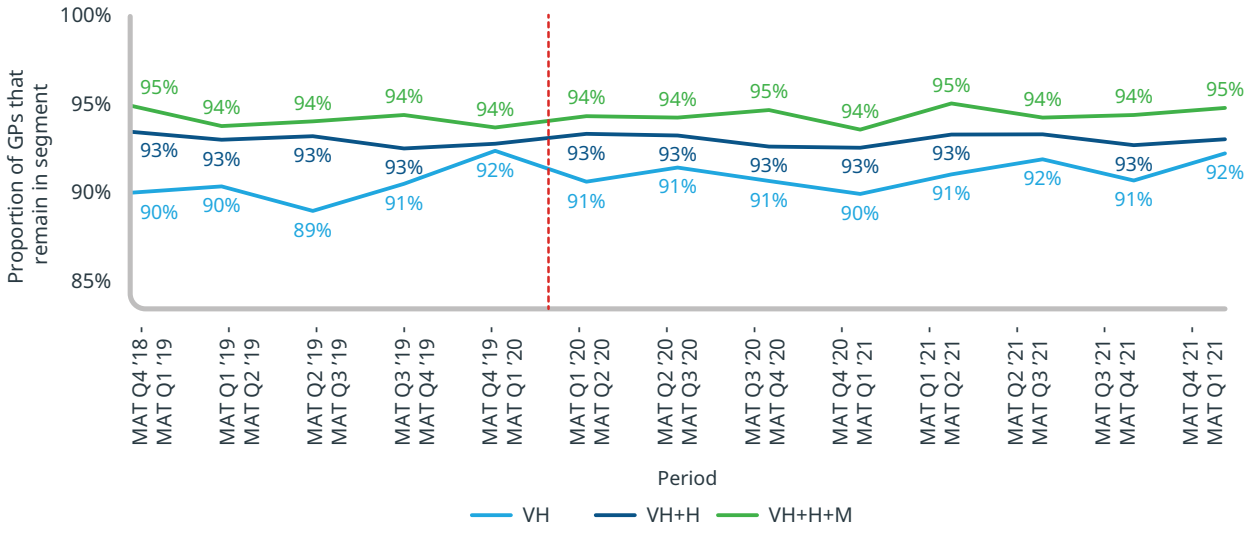


Has the pandemic affected how quickly the importance of a physician changes?

We often get comments from clients about how their efforts to interact with physicians has been massively changed in the last two years. But has the pandemic accelerated changes in segments? Have important GPs later in their careers decided to retire early, and have new physicians more quickly filled their practice lists and so risen in importance?

We segmented our GPs each year from the start of 2018 to the first quarter of 2022, and tracked the proportion of important GPs that by the next quarter would continue to belong to the same segment. As Figure 3 shows, when comparing successive periods, around 93% of Very High and High segment GPs continue to be important enough to remain in these top two segments. If we look at the Very High segment alone, then from one period to the next, 89-92% of these GPs continue to be of most importance. The stability of the Very High segment is in fact following a slightly positive trend, and so there is no indication that the pandemic has caused a shake-up in importance of GPs.

Figure 3: Evolution of changes in GP segments from Very High and High to lower segments when comparing one period to the next. Segmentation was performed at MAT = Moving annual total, or rolling 12 months level. Red line indicates start of the pandemic.



What impact does all of this have on my targeting?

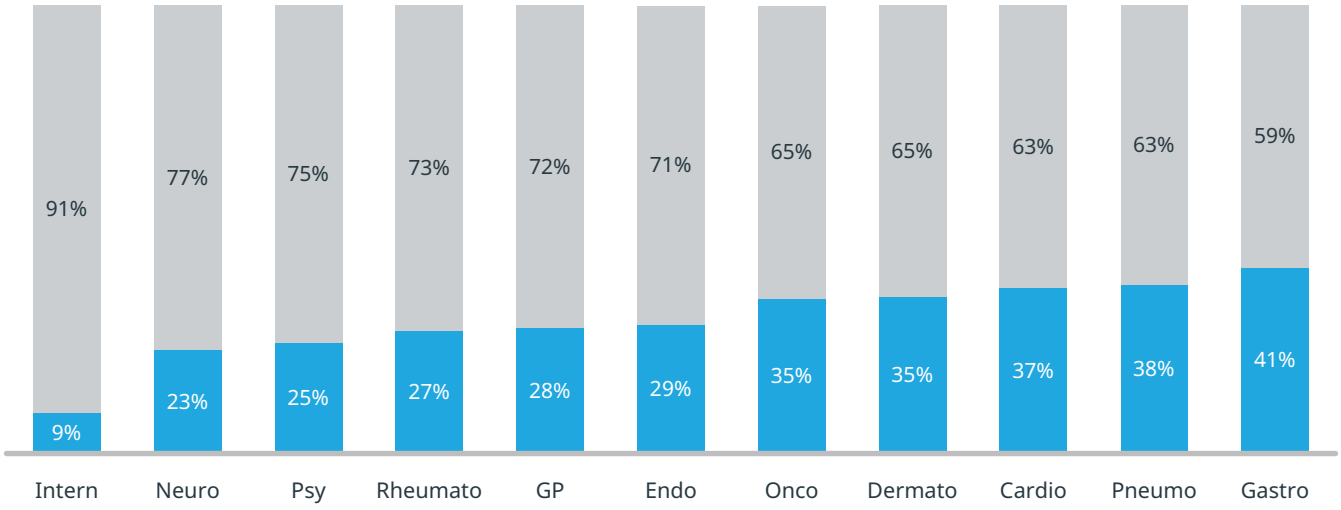
Sticking with GPs, if we make some assumptions about the number of calls made to different segments, based on the above evolution the number of mis-directed calls in an outdated target list is dramatic. If we prioritise all Very High, High and Medium segment GPs from our 2018 segmentation that gives us a target list of 3550 GPs. If we also assume a call plan – with 4 calls made per year to Very High segment GPs, 3 to the High segments, and 2 to the Medium segments – our field team would be busy with 9626 calls. By 2021 with the same call plan, 1818 of these calls would be made to Low, Very Low and no potential GPs (770 of them) which have dropped to these lower segments, on top of the incorrect prioritisation caused by the shuffling of GPs within segments. Importantly, there are also 970 GPs that now should be in the target list (currently Very High, High or Medium segments) which are overlooked in our call plan because back in 2018 they were in the lower segments.

Do we see differences at specialty level?

We performed the same analysis for the 10 most important specialties in Belgium, by value. These specialties had similar rates of evolution of the active population to that we had seen for GPs, with around 3% of the population being new each year, and in total 5% to 9% of the prescribing population being 'lost' as inactive as we go from 2018 to 2021.

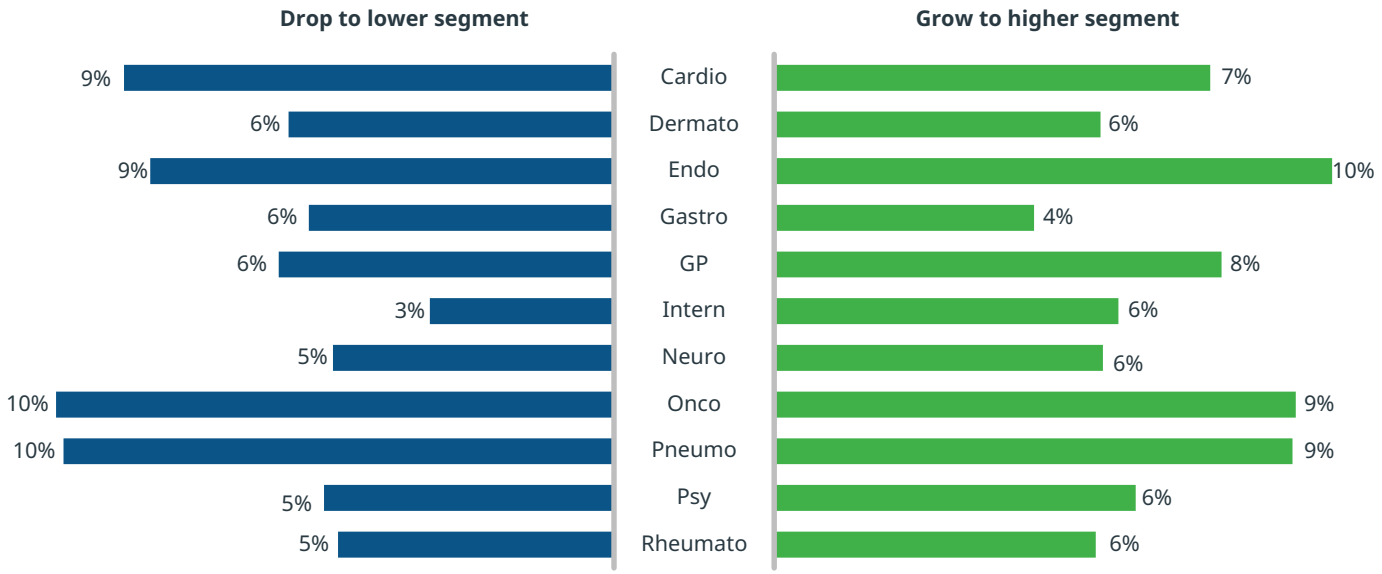
Using the metric of % of Very High + High segment physicians in the first year that would no longer be assigned to those segments in the fourth year, we see that for most specialities at least 20% of individuals that were in the past among the top prescribers, they have decreased in importance and ought now to be assigned to lower segments and de-prioritised (Figure 4). Internists appeared to remain less prone to segment evolution, whilst we saw concentration of the oncology market with potential concentrated among a small number of individuals and so there was substantial rearrangement or segments. This raises the question about what factors are responsible for the evolution we have observed, one we come back to later.

Figure 4: Proportion of specialists that in 2018 belonged to the Very High and High segments but which by 2021 had decreased in importance to lower segments and so are over estimated.



As for GPs, changes of specialists to higher or lower segments were approximately equally common, and typically around 7% of prescribers each year were seen to grow in importance by at least one segment, or drop down a segment as they prescribe less or become over taken by other HCPs that become more important (Figure 5).

Figure 5: Proportion of prescribers in each speciality that change segments from one year to the next (for example growth from Medium to High or drop from Medium to Low). Figures show an average for 2021 vs 2020, 2020 vs 2019 and 2019 vs 2018.



What market characteristics are associated with greater turnover?

These insights highlight the rate of churn that exits in a short time, and we have seen how as time passes there is greater deviation from the starting list. We looked further to try to identify which attributes of a market can be expected to lead to greater target list evolution. Seldom is a target list made from the global prescriptions of physicians, but rather is based on certain focus therapy areas or collections of products We might expect that markets that are dynamic, with new product launches offering different prescription options are more prone to volatility in segment evolution. We challenged this with a deep dive on the auto immune biologics (AIB) market, which covers areas of dermatology, gastroenterology and rheumatology, and which in the last 4 years has grown by 12% in value terms and seen the introduction of 15 new products, seven of which are original (non-generic) products. Here we actually saw less change in the top segments than for the total prescriptions of the specialists, and when we looked for relationships between market growth and segment changes we didn't find one. So what attributes of a market do correspond to higher rates of target list evolution? We considered the market value, market size (number of products), specialty population size and others – and what makes the greatest difference is the interaction of market growth and changes in the universe size. More specifically, what these attributes do to the concentration of prescribers.

In markets that are growing in value rapidly but where the population of prescribers is decreasing tend to see growth led by the top physicians (VH and H segments), whose average value increase the most, thus raising the bar of what it means to be an important prescriber, and driving a greater distance between them and the lower segments, and forces more of the border-line physicians into lower segments. Conversely, where we see a growing prescriber count, with more new prescribers (irrespective of the growth of the market), the top prescriber segments tend to stay more stable and it is the lower segments that become relatively more important prescribers. This has the effect of lowering prescriber concentration and more evenly distributing potential.

Concluding remarks

Using the metric of share of Very High + High segment physicians in year one that would no longer be assigned to those segments in year four we have seen that more than a quarter of those originally important GPs are being over valued, and that previously unimportant physicians can quickly grow in importance.

Despite the pandemic causing severe disruption to the day-to-day practices of physicians, we did not see evidence that it brought about a redistribution of potential or accelerated the gradual churn of doctors shifting up and down in potential as their practice size grows.

Whilst the field team may pick up on the evolution of prescribing volume from the physicians they visit, if they know them well, it is much more challenging to be aware of the growing potential of physicians who are not on their radar – since they did not make the target list or they are new to the market. This study demonstrates the value of being aware of the dynamics of your customer groups and remaining current with segmentation given the relative value of the most important prescribers and the costs of misdirected efforts.

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