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Healthcare Relationship Marketing

Strategy, Design and Measurement

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GOWER

Healthcare Trends and Relationship Marketing's Role

The Increasing Importance of Healthcare Marketing to Consumers

Within the past several years, an ever-larger share of US pharmaceutical marketing expenditure is focused on consumers and patients. According to Kantar Health media spending data, consumer pharmaceutical advertising rose by nearly 4 percent from 2008 to 2009, to a total of \$4.8 billion, and that during a year when consumer advertisement spending across all industries decreased by 12.3 percent (Iskowitz March 2010). This rise in consumer spending is not only due to decreased spending on sales forces, but also because pharmaceutical companies are recognizing that patients are playing an ever-more active role in the management of their own health.

There are two primary factors for this more active health management by consumers:

1. Consumers have an *increased financial burden* in the cost of keeping healthy. Patients are now paying an ever-increasing share of pharmaceutical prescription costs in the form of deductibles, copays, or cash where they have no health insurance. As a result, patients are more interested than ever in the cost of medical treatments, and the value received for each expense.
2. Consumers in the digital age now have unprecedented access to information about wellness programs, diseases, treatments, and medications. Indeed, newly diagnosed or newly treating patients

have always had many questions about their health. Now these patients can find answers to their questions very quickly via the Internet, with or without a healthcare professional (HCP). Therefore, pharmaceutical companies have realized they must not only advertise one-way by pushing information out to consumers, instead, there must be a true two-way dialogue.

For many branded pharmaceutical manufacturers, this has significant and practical consequences. First, pharmaceutical companies have to provide credible, relevant sources of information that can help patients manage their health. Because patients are increasingly well-informed, that information must include a point of differentiation justifying why a patients should ask a doctor for the new drug. That point of differentiation may be an innovative mechanism of action, or a superior efficacy/safety profile. Alternatively, and in some cases additionally, there needs to be another type of *value exchange*. A few examples of value exchanges are additional information, support services, journals for charting progress, or reminders to take medication.

Second, the financial burden of pharmaceuticals means patients have to make difficult choices when thinking about beginning treatment. Note that an increasing percentage of all prescriptions filled in the USA are generic medications, 75 percent in 2009, according to an IMS Health Report. Because branded pharmaceutical drugs are more expensive, manufacturers sometimes offer financial assistance to patients, such as copay discount cards, helping them to pay for their medication in return for signing up to receive further condition or product information.

Focus of This Book

Information, support and incentives are the critical elements of the main topic of this book: relationship marketing (RM) programs. Let's define that topic, starting with consumers.

A consumer relationship marketing (CRM) program in pharmaceuticals is a series of information and incentives aimed at moving consumers along a pathway within a therapeutic category.

That pathway will be defined further in Chapter 2, but for now, think of that pathway as beginning as an undiagnosed consumer who is unaware of a particular therapeutic category, and ending as a patient regularly taking a particular medication within that category.

Note that in this book we will often refer to pharmaceuticals, but really the principles apply in broader terms, to include a wide range of health remedies. These include prescription drugs, over-the-counter medications, and nutritional products such as vitamins or infant formula.

Also noteworthy are the vast numbers of consumers that are not patients themselves, but are instead *caregivers* for others. They may be professional caregivers, such as nurses or home health aides, or they may simply be a friend or relative of a patient needing assistance (emotional or physical). Caregivers are especially widespread for chronic, degenerative diseases like cancer, AIDS, and neurological disorders.

Consumer Relationship Marketing in Pharmaceuticals versus Other Industries

Pharmaceutical CRM has similarities and differences to CRM in many other sectors such as financial services, airlines, and packaged goods. The main similarity is that CRM across industries is trying to persuade consumers to use a product, and to remain loyal to that product. Because of that similarity, much of the CRM design tactics and measurement tools in this book will be broadly applicable across many industries.

There are at least two primary factors making pharmaceutical CRM somewhat unique to other industries. The first is the heavily regulated environment. The US Food and Drug Administration (FDA) has specific regulations on pharmaceutical communications governed by its Division of Drug Marketing, Advertising, and Communications (DDMAC) which reviews consumer and professional promotion. Pharmaceutical manufacturers, responding to these tight regulations, have developed their own internal processes of medical/legal review. On an as-needed basis, typically once or twice per week, marketers, lawyers, and medical specialists meet to refine promotional materials so that they will meet FDA standards. We will not review the regulations in depth here, more details may be found at the DDMAC website (<http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>).

In order to ensure their literature is meeting FDA standards, marketers can train with organization such as the Center for Communication Compliance (<http://www.communicationcompliance.com/go/Home>). Most relevant to CRM are restrictions on product claims (must be clinically proven), comparisons to competitors (must be clinically proven as well), and consumer incentives (must be medically relevant and of modest value).

The second specific factor shaping pharmaceutical CRM is the fact that the consumer does not directly purchase the product. As illustrated in Figure 1.1, there are a host of other influences that shape whether a patient gets a particular prescription. Patients desiring a specific prescription must have a conversation with their physician—who is licensed to prescribe medications. Other HCPs in the office (nurses, office staff) may be influential, although they cannot prescribe. The physician then writes a prescription, which the patient then typically fills at a pharmacy. Pharmacists are influential for several reasons: not only do they give advice on taking medication, they also process the insurance transaction and communicate to patients the cost to be paid for their drugs.

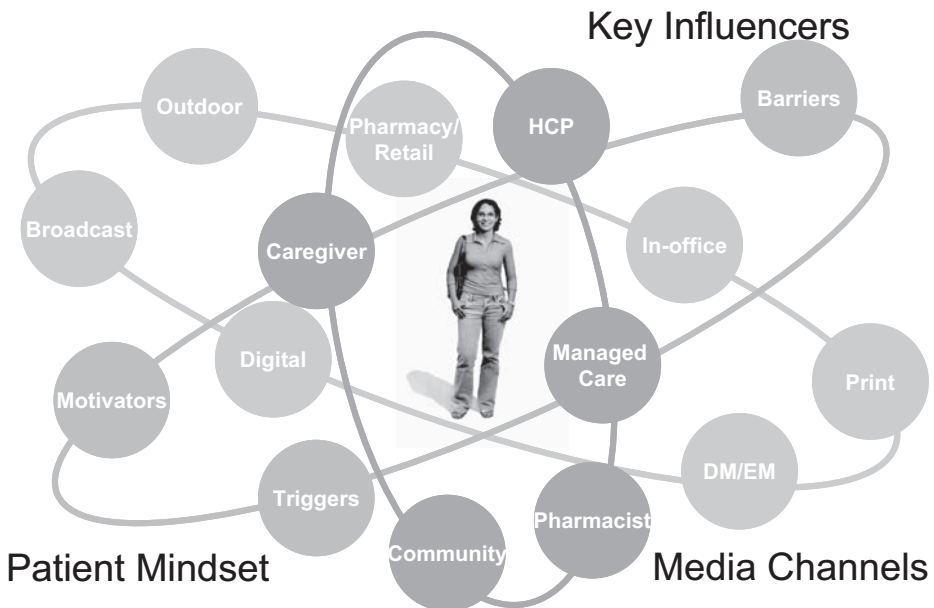


Figure 1.1 Healthcare influences upon consumers

Cost of medication is a critical issue in the US, and thus the *payer* is instrumental in determining whether a patient actually receives the medication

prescribed. Payers may be a private insurance company, the Government (as in Medicare or Medicaid), or patients themselves, if they are paying in cash. Payers develop formularies (lists) of drugs approved for payment, and patients usually have to pay a copayment from their own pocket to supplement the insurance payment. For example, a three-tiered insurance benefit may be as follows for a 30-day supply of lipid-lowering cholesterol medications:

- patient pays \$5 for generic medications;
- patient pays a \$25 copay for a branded medication on the formulary;
- patient pays a \$50 copay for a branded medication not on the formulary.

Such a payment structure may cause a patient to switch medications from the doctor-prescribed intended medication to a generic substitution, or even a branded substitution at a lower price.

Influences on Consumer Health Decisions

What factors determine whether a patient will take action to lower their cholesterol, to quit smoking, to treat their allergies, or to lose weight? Stagnation and inertia may be the simplest path. However, as illustrated in Figure 1.1, there are a range of influences upon consumers that can help them change the way they manage their personal healthcare.

1. The patient's mindset sets the baseline of how likely it is that they will take action. Moving the patient forward may require particular motivators, such as longevity, a better quality of life, or future family events the patient wishes to attend (for example, the weddings of their children). There may also be triggers that can stimulate action such as the death of a loved one, or a realization of increased risk. On the negative side, a patient may have barriers to action: inertia, a lack of urgency, or the high cost of medication. A person may also feel they cannot control their personal health outcomes.
2. Key influencers are outside sources that can spur the consumer to action. HCPs, including doctors and nurses, are well-positioned to

influence patients based on their training, experience, and personal contact. HCPs can make direct recommendations including the prescription of medications. Another key influencer is a *caregiver*, especially for oncology patients, for children, or for the elderly. In these cases, the caregiver may be the one making decisions on medication and administering the doses. Other key influencers include the *pharmacist*, who fills the prescriptions and educates patients on alternative options, manages care insurance companies that maintain drug formularies and controls copay prices for patients. Finally, there is the broad social circle we call the *community* of the patient: this includes friends, family, and neighbors that share their experiences with similar diseases, and how they were treated. Within the past few years, this community has come to also include the electronic social network of a patient. This patient community warrants its own section later in this chapter.

3. A third influencer is the broad set of media and communication channels that the patient consumes, as illustrated in Figure 1.1. Everywhere the patient goes, on every screen, there are continual messages about healthcare and pharmaceuticals. These media channels include:

- broadcast television and radio;
- digital media like banner ads, search engines, and healthcare portals;
- in-office materials at the doctor's office and retail pharmacy;
- printed advertising in popular magazines;
- outdoor publicity including billboards, health fairs, and even taxicabs;
- direct communications, via postal mail, email, and text messaging.

These advertisements, communications, and targeted medical content help shape the consumer's information base and options about therapeutic categories and particular medications.

The Rise of Online Social Networks as a Consumer influence

One influence that has risen in prominence recently is the Internet-based social network. Beyond the basics of looking up conditions and medications, health information seekers are increasingly going online in search of inspiration to help them deal with specific health challenges that they or their family members face. New forms of social computing are emerging for healthcare; from expert health blogs that turn medical information into conversation to social networks that inspire with personal stories. Indeed, consumers are increasingly turning to the Internet for healthcare answers, to seek out clinical expertise from HCPs, and to read personal stories from other patients. For example:

- A social network called Daily strength (www.dailystrength.org), provides patient-to-patient support groups, including a forum where patients can actually provide informal feedback on the efficacy of prescription (Rx) medications.
- PatientsLikeMe (www.patientslikeme.com) is a patient social media site covering a wide range of therapeutic classes, where patients enter basic diagnosis and demographic information, and exchange case histories and experiences.

The use of social media is not limited to a younger demographic, nor is it specific to any particular therapeutic categories; the phenomenon is widespread. In a recent Forrester Research technology adoption survey (Forester 2006), it was found that 15 to 30 percent of consumers used social media for health issues, across a wide range of therapeutic categories including migraines, depression, high cholesterol, arthritis, weight loss, and oncology. All of these conditions have a median patient age of 40 to 60. Those percentages have been increasing in recent years.

Industry Expert Perspective

To gain perspective on the impact and future place of CRM within the healthcare environment, we have turned to Becky Chidester, an expert in the field. Becky is the President of Wunderman World Health's global health unit. Wunderman has been one of the world's leading direct marketing firms since 1958 and is a member of the WPP company. Previously, Becky was President of Wunderman's New York office and RTC Relationship Marketing in Washington, DC. In both

agencies, and for nearly two decades, Becky has played an integral leadership role in developing innovative healthcare communications to consumers in the US. Below are excerpts from an interview with Becky on the role of CRM in pharmaceuticals, and what the future may hold.

Haimowitz: What is the role of CRM within the overall pharmaceutical consumer advertising mix?

Chidester: The role of CRM will continue to grow in importance, not only within the advertising and marketing mix, but also in the way that pharmaceutical firms have to approach their business. Pharmaceutical companies have to appreciate the need to be relevant, and to meet individual consumers' needs, from a healthcare perspective. There is an important opportunity for pharmaceutical companies to have a conversation with consumers and meet their relevant healthcare needs. It transforms the way companies have approached the patients: from pushing them into the doctor's office, to addressing what the patients are really trying to solve: such as diagnosis, and what medicines are right for them. RM will be the catalyst for that transformation because of its heritage of creating dialogues with consumers.

Haimowitz: What has changed in the pharmaceutical industry to precipitate this transformation?

Chidester: What has changed in the past ten years is that the patient's time with HCPs is more limited. Thanks to technology, consumers now have the ability to have their questions and needs answered by going online or using their mobile phones to access information. The Internet has satisfied that need for dialogue that patients have as well. Thanks to the healthcare debate (during the Obama administration) serving as a backdrop; commentary on healthcare and cost were thrust on to the front pages of newspapers and magazines. Therefore, consumers are more aware of medical treatment options, insurance options, even fraud and abuse practices. The result is consumers need to be more active in managing their situation, which also opens the door for an increasing role for CRM.

Haimowitz: What are the unique challenges that the pharmaceutical industry faces in conducting CRM?

Chidester: There is one significant challenge: a company can never have a transactional relationship with consumers, because they can never know precisely

what people are engaged in after they become patients and follow through with their healthcare. The best companies can do is provide consumers with tailored content, based on information that consumers are willing to communicate to a company, or what can be inferred from website behaviors. However, a company generally is left uncertain as to whether the consumer really took the action. (This is due both to HIPAA regulations as well as occasional absence of data.) For example, persistence or compliance may generally improve in a CRM program, but for individual patients in an adherence program, this change is unknown unless that patient directly communicates with you about his or her behavior. And in regards to adherence, the window to influence compliance and persistence is so short, in most categories the time period is the first three months of taking the product! This is another reason that CRM is a challenge in pharmaceuticals.

Haimowitz: How rapidly is the pharmaceutical industry adopting new media channels in CRM, such as mobile and social networks?

Chidester: The pharmaceutical industry is very nervous and cautious about adopting some of these channels because of industry requirements. After all, sensitive medical content can be communicated. These channels are not going away and the industry must look for ways to participate in social networks and patient communities. The notion of people wanting to communicate and share their experiences will not go away. The number of conversations is only going to increase. More and more people are balancing how they take information from experts versus the experience of others.

My experience has shown me how personal healthcare is to consumers. Despite the science (expressed in populations and cohorts), people still feel their medical experience is unique because it's based on their heritage, their lifestyle, and how they want to be treated. Patients interpret general information in terms of what is right for them, whether there are side effects or how other patients have been treated with medications. The ultimate need for consumers is to find the "right solution for me," and they will keep seeking information from others, expert or otherwise. The onus is on the healthcare community to continue to evolve.

Haimowitz: As we are now in 2010 and a new decade, how will pharmaceutical CRM continue to change versus programs of the last 20 years?

Chidester: The answer lies primarily in connections and flow of information between constituents: consumers, HCPs, payers, and manufacturers. Although

pharmaceutical companies understand the convergence between all of these constituents, it is hard to find companies that are paying that off. How do you connect all of these into a larger conversation that will ultimately benefit the patients? This depends partly on what happens in the US with healthcare reform: some aspects will promote better healthcare integration, efficiencies, and communications. The future is not specifically about CRM or new media. It's about the connections between patients, HCPs, payers and manufacturer, to insure better results.

Influences for Healthcare Professionals

Just as we have described the many influences on consumers, there are similarly a range of influences on HCPs, as they consider a prescribing a pharmaceutical product. These influences are depicted in Figure 1.2.

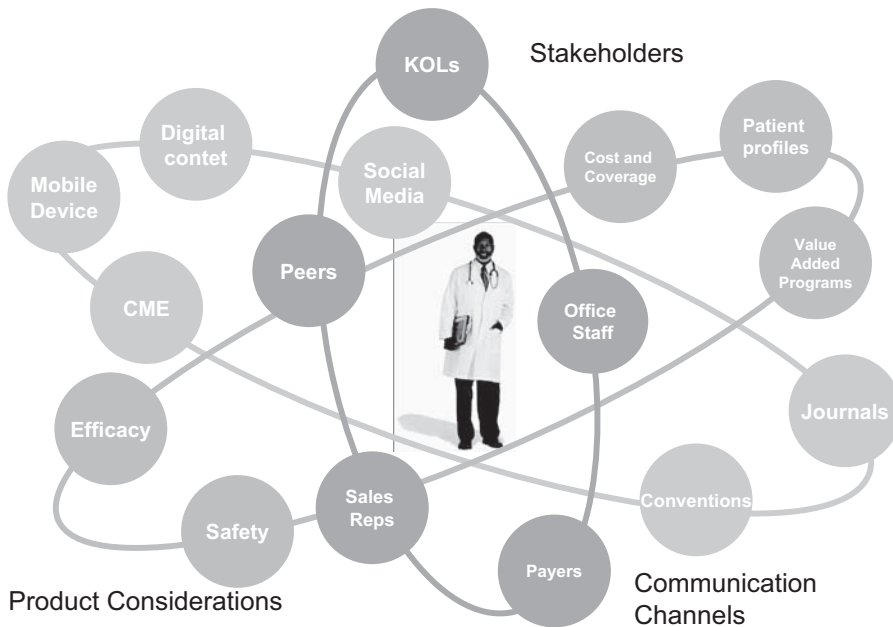


Figure 1.2 Influences on healthcare professionals

One dimension of influence is the *product considerations*. These include the efficacy and safety profiles of the drug, as well as the clinical profiles of patients within a doctor's practice. Another product consideration is the cost of medication, and the managed care formulary coverage. Finally, the HCP also

looks to value-added programs that may come along with a product. Examples of these programs can be:

- patient education materials that manage their expectations;
- patient journals and diaries that help them chart their progress while on medication. These are frequent in categories like smoking cessation, weight loss, and migraine management. See Loftus (2009) for both paper and personal digital assistant (PDA) solutions for migraine patients;
- extended professional care resources for patients to call (or text chat) with any questions about the pharmaceutical product;
- administrative resources to office staff for handling payer issues like prior authorizations or step edits.

Another dimension of influence on HCPs is stakeholders. Doctors receive education about drugs and medical devices from sales representatives of the manufacturers. They also hear about new medications from other professional peers in their community, and key opinion leaders (KOLs) who are typically specialists that have been early adopters, or participants in clinical trials for that product. Payers are clearly a stakeholder that HCPs must pay attention to as they supply reimbursement and may even keep scorecards related to how adherent a physician's prescribing is to the approved formulary. Finally, the office staff is a key stakeholder within a physician practice; doctors need to think about training their staff and easing their administrative burden.

Yet another influence set on HCPs are the communication channels where they receive their information. Traditionally, in addition to the sales force, physicians receive product-related information through conventions, medical journals, and continuing medical education. More recently, increasing numbers of professionals are regularly using mobile devices such as Epocrates, which distributes DocAlerts with information on new drugs and medical devices. There has also been a rise in the number and utilization of professional social media such as:

- Sermo (www.sermo.com);
- Medscape (www.medscape.com); and
- Ozmosis (www.ozmosis.com).

On these professional social media sites, physicians share their impressions of new medications, and may discuss anonymous patient cases to get professional opinions. Finally, physicians and other professionals often get product information via an ever-expanding array of digital content, which can be found on pharmaceutical-branded websites, professional association portals, newswires, or professional blogs. Some of these Internet locations may offer electronic details (e-details), or clinical product presentations presented in video and slide presentation format. These e-details can be wholly self-service, or they can be guided by telephone representative support.

The Changing Healthcare Professional Promotional Landscape

In recent years, there has been significant upheaval in pharmaceutical promotion to HCPs. For decades, manufacturers have employed thousands of door-to-door sales representatives to educate physicians, nurses, and office staff about new medications and related health programs. Within recent years, the size of these sales forces has been gradually shrinking. The reductions stem from the economic forces facing pharmaceutical companies, as well as from doctor's having decreased time and willingness to meet with sales reps. Concurrently, increasing numbers of HCPs are spending time on the Internet and on mobile devices, seeking information on medical treatments as well as dialogue and advice from peer-to-peer communities.

The reach of pharmaceutical sales representatives in professional promotion has changed dramatically. Some recent data illustrate this point (SK&A 2010). According to SK&A, by December 2009, 22.9 percent of MDs refused to see sales representatives, and a total of 49.6 percent require or prefer an appointment to be seen. Consequently, in the pharmaceutical industry, the volume of sales representatives is declining, down by 10 percent since 2007 and expected to drop by another 18 percent by 2012, as documented by ZS Associates in 2009 and reported in the Wall Street Journal Blog March 23, 2009.

Concurrently there is a rise in physician use of the Internet. According to SDI, 53 percent of all sales details in 2007 were self-led virtual details (Giegerich 2010). Manhattan Research has been tracking the trends in "ePharma" physicians, which means they use the Internet and other technologies to interact with drug and biotech companies. The percentage of such ePharma physicians has risen from 64 percent in 2004 to 87 percent in 2009 (Vecchione 2009).

Furthermore, the very nature of physician prescribing is evolving to become more digital. Martin (2010) notes that physicians are increasingly turning to e-prescribing software on computer laptops, turning away from paper-based prescriptions with hard to read handwriting, and with the potential for rejection by payers due to prescribed products not being on a patient formulary. According to online network vendor Surescripts LLC, the number of e-prescriptions nearly tripled from 68 million in 2008 to 191 million in 2009, and now represents about 12 percent of the 1.63 billion new prescriptions in the USA, excluding refills. With e-prescribing, medications and their proper doses are selected from lists, and their status automatically checked against patient insurer formularies. This digital trend is not just a fad; e-prescribing has been shown to reduce medical practice errors: according to a Cornell Medical Center-based study of 12 community-based medical practices (Kaushal et al. 2010), practices using e-prescribing dramatically cut error rates (wrong medication or dosages) from 42.5 percent to 6.6 percent on average, compared to a matched control group of medical practices using paper prescriptions rising from 37 percent to 38 percent.

In light of these dynamics, over the past few years pharmaceutical companies have recognized they need to develop multifaceted professional promotional systems. These systems must consist in part of efficient automated solutions for reaching HCPs and to increase accountability, measurement, and optimization.

A sample of these solutions includes:

- tablet PCs that display visual aids electronically and interactively, and capture data on the messaging sequence presented;
- self-service website portals where HCPs can view product information or download patient educational materials;
- guided video e-details with call center support (for example, Aptilon) where doctors see messaging on their schedule;
- mobile information delivery on Epocrates and QuantiaMD;
- professional communities where physicians can discuss clinical cases, new medications, and practice management issues.

These changes add up to a new thinking in HCP marketing, parallel in many ways to consumer marketing. Pharmaceutical companies are now implementing dialogue-based, multi-channel, electronic communication platforms for HCPs. We will refer to these platforms as professional relationship marketing (PRM). Underlying the new, shifting nature of the professional is a varied and evolving nomenclature. Different pharmaceutical companies have developed a variety of other phrases and acronyms for these professional promotion programs:

- Professional relationship marketing (PRM)
- Non-personal promotion (NPP)
- Multi-channel marketing (MCM)
- Closed loop marketing (CLM)
- Closed loop promotion (CLP).

The “closed loop” phrases illustrate another critical component: the desire to continually measure, learn, and improve. Companies want to measure patterns of how doctors, nurses, and other HCPs interact with the digital channels, and then use those patterns to:

- inform the sales representatives for their next face to-face calls;
- dynamically adjust and personalize website portals, emails, and mobile tactics; and
- revise overall marketing strategy based on what messages have either succeeded or failed previously.

Who This Book is For

This book will describe how pharmaceutical companies and their strategic partners can develop RM programs for both consumers and HCPs. It will also describe how to measure such programs for effectiveness against business goals, and continually improve.

The author has written this book as a practical overview and resource guide for people fielding RM programs. For newcomers to healthcare marketing, this book can serve as a foundation and introduction that provides a framework, details, and examples of both RM designs and associated measurement disciplines. Indeed, as mentioned earlier, much of what is presented here will apply not only in healthcare but also to other industries. Some readers who are already working in pharmaceutical marketing or sales may not have exposure to the particular disciplines of RM and direct response measurement and optimization. Even for the experienced practitioner, the author hopes this book can serve as a convenient reference that pulls together all of the program components and measurement frameworks within a single book.

This book may also serve as a textbook within a university advanced course in marketing, or a pharmaceutical business program. With this in mind, we have included a case study of a hypothetical (yet realistic) pharmaceutical brand, roughly one year after its launch. The case study is introduced in Chapter 2 and a series of exercises on that case study appear in later chapters. Readers within a classroom setting may assign these exercises as homework. Individual readers, of course, may work through these examples on their own, or simply read through the case study, questions, and solutions. The answers are outlined as an Appendix at the end of the book.

There was some debate during the writing of this book as to whether to combine or to separate the treatment of RM of consumers from RM to HCPs. Ultimately, the choice was made to write with an integrated approach, and to interleave CRM and PRM. While the author recognizes that some pharmaceutical marketers or healthcare agencies may focus predominantly on consumers only, or on professionals only, these two stakeholders are by nature intertwined in medical treatment. Furthermore, when one speaks of strategy or measurement for consumers, there are many similarities in the technical approach, regardless of whether one is marketing to consumers or to HCPs. It is hoped that this interleaving makes the book more enjoyable and less disjointed.

In a similar vein, the author also realizes that various companies, whether manufacturer, consultancy, data supplier, or communications agency, have departments and roles divided by technical specialty. Examples of such technical specialties are: market research, media, web analytics, statistical modeling, or campaign operations. Readers falling into one of these specialties may ask, "Which sections of this book are best for me to read?" The short

answer to that question would be, “All of them,” as we have written this book with an integrated approach based on the project lifecycle, and we feel that all specialists have a role throughout RM development. However, in an attempt to provide guidance to such a question, we have mapped out Figure 1.3. This chart shows, for each role, which are the most salient chapters to be read, to understand how that specialist contributes to the healthcare RM process. Note that we recommend people in each role to read most of the chapters, and we advise everyone to read the chapter following this one, on the fundamentals of RM.

Professional Role	Fundamentals	Discovery	Strategy	Analytics Planning	Execution	Measurement	Optimization
Strategy/ Market Research	√	√	√	√		√	
Media	√	√	√			√	√
Operations/ Campaign Management	√	√		√	√	√	√
Web analytics	√	√		√	√	√	√
Statistical Modeler	√			√	√	√	

Figure 1.3 Book focus areas by job specialty

Primarily, this book describes programs’ healthcare trends and RM programs based in the US. The techniques we describe for planning, measurement, and optimization should apply equally well to other countries. Furthermore, the healthcare environment in other countries outside the US may be even more dynamic. One interesting recent study conducted by Kantar Health (Arnold, March 2010) has actually shown that European physicians and consumers are “more receptive to the use of social media for health information than are their American counterparts.” In particular:

- 67 percent of European consumers trust information they find in social-media venues, compared to 45 percent of American consumers;

- 52 percent of European physicians said healthcare professionals should participate in discussions within patient forums and social networks. This compares to only 41 percent of US physicians.

Author's Notes on Technical Depth

One distinction of RM (and its critical component direct marketing), over other types of marketing decision making, is the ability to quantify and measure progress against business objectives. Indeed, the past two decades have seen increasing acknowledgement that quantitative methods are critical to driving business decision making. This includes the six sigma statistical revolution popularized early on by Motorola and General Electric (Eckes 2001), to leveraging analytics in marketing as a competitive threat (Davenport and Harris 2007). Therefore, this book will present a treatment of RM rooted in quantitative principles and appropriate data sources.

That said, as the author, I have tried to create, in the same volume, a readable overview of pharmaceutical RM, as well as a technical resource for the practitioner. To achieve both of these goals, I have had to make choices as to how deeply to approach certain technical topics. Generally speaking, I have tried to introduce the formal, technical foundations of many marketing concepts in a way that most readers can understand and appreciate. I have named particular techniques within the marketing contexts in which they are used.

However, I have stopped short of reproducing full derivations of formulas and algorithms, choosing instead to refer the reader to standard textbooks for in-depth treatments. For example, in the section on segmentation within Chapter 4, concepts like principal components analysis and clustering are introduced as foundational, but the reader is referred to excellent textbooks on multivariate analysis like Dillon and Goldstein (1984) and Duda, Hart and Stork (2001). Similarly, while I have given a basic overview of media planning and media purchase schedules for CRM, I view as outside the scope of this book any detailed discussions of advertising media purchasing or consumption tracking, instead referring the reader to Baron and Sissors (2010).

As another way of providing expertise in this book, I have asked several colleagues to provide interviews on their specific specialties within pharmaceutical RM. This will enable readers to hear directly from senior

practitioners, each having 15 to 20 years of working CRM knowledge. These experts are also well positioned to preview future industry trends in pharmaceutical marketing communications. I hope I have achieved the desired product of a valuable overview, textbook, and reference for all.