

Marketing to Doctors:

A How-To Guide for Marketing Executives of All Levels

by Rich Quarles

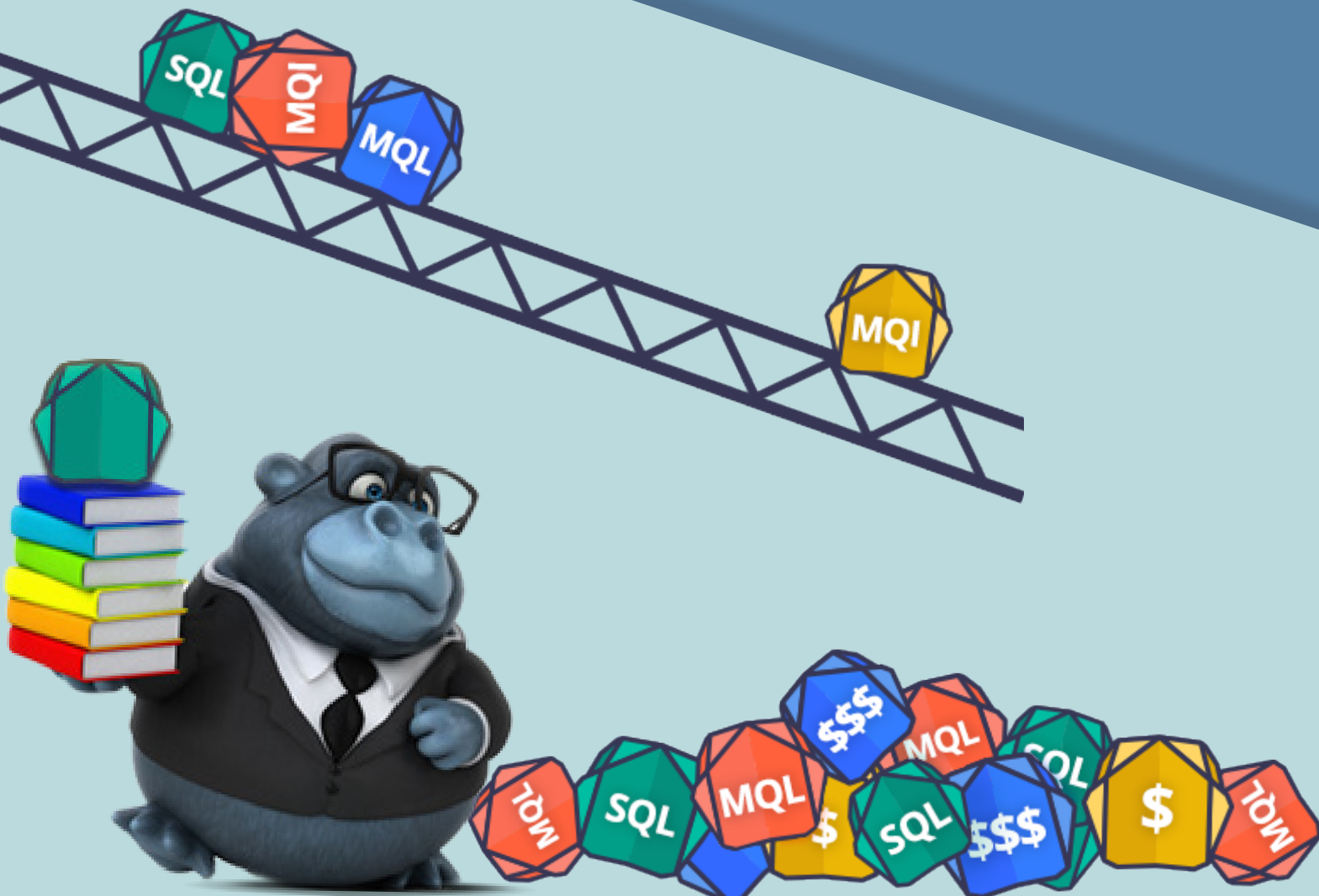


Table of Contents

Introduction: Why Marketing to Doctors is Hard.....	1
Step 1: Define Your Message and Segment Your Audience.....	5
Tightly define your audience	5
Clarify what physician roles you're appealing to	9
Step 2: Create Content to Bring in Leads	11
Subject matter	13
Common formats	16
Step 3: Promote Content to Drive Lead Generation.....	21
Define your universe	21
Platforms.....	23
Step 4: Track, Measure, and Optimize.....	34
Track based on the best metric you have	34
How to slice and dice the information	37
Wow: That's a Lot	39
We can help.....	39



INTRODUCTION: WHY MARKETING TO DOCTORS IS HARD

Everyone wants to market to doctors.

Doctors are so popular because they control a ton of money. By many calculations, your average doctor in the U.S. controls about \$2 *million* per year in healthcare costs. In general, specialists control more than that and family physicians somewhat less.

Another way to think about it is that doctors' control roughly 80% of all healthcare spending in the U.S. The U.S. spends nearly \$3.6 trillion on healthcare¹, with those costs expected to increase about 5.5% every year to reach 6 trillion by 2027².

However you look at it, it's a big figure.

As a result, doctors are popular people. An endless stream of pharmacy reps want to give them samples, piles of free magazines stack up in their mailboxes, and most physicians have at least one or two people employed full time just to keep people they don't want to talk to from reaching them. Doctors are both jaded from all the marketing aimed at them and are also very well screened from most of that marketing.

Doctors are busy and hard to find.

Most of the people reading this eBook are marketers. They're reading this on their laptop while sitting at a desk. Marketers are pretty easy to reach:

- Big screens mean lots of real estate for display ads plus multiple tabs to explore the odd advertisement that catches a marketer's attention.
- Most publications aimed at marketers are unsurprisingly very ad friendly.
- Marketers are busy but generally still have time for a quick side excursion here and there if you make them curious.
- Marketers control a fairly large amount of budget, but nothing compared to 25% of the U.S. GDP that doctors' control. Despite how it might feel to the AdTech companies out there, competition for marketing eyeballs is not really that fierce.



¹ Reuters, [U.S. Health Spending Recovers After Two Slow Years: CMS](#), 2019

² Reuters, [U.S. Health Spending to Rise 5.5 Percent Per Year Over the Next decade: CMS](#), 2019

Compare that to reaching doctors. If any doctors downloaded this eBook, they're almost certainly reading it on their iPhone or iPad while on the run. But small screen real estate is just part of the challenge:

- Most of the publications doctors frequent are professional journals that are either decidedly **un**friendly to ads or crazily expensive, with banner ads costing \$80–120 per CPM (or about 40X the typical “premium” consumer banners).
- The increasing ease of ad-blocking on iOS is going to disproportionately impact marketers seeking physician eyeballs.
- When doctors are working, they're pretty busy with patients; they typically don't have time to wander about the web.
- The competition to reach doctor eyeballs is eye-wateringly steep.

Doctors think they're smarter than you.

And for the most part, they're right. This isn't as arrogant as it might seem. Doctors are smarter than most people. In fact, most of them are smarter than most of you/us. And they are almost certainly more educated than we are. And that education emphasizes a fact- and statistics-based approach to evaluating problems and solutions.

That means doctors are unlikely to take your marketing fluff at face value. Therefore, it's important to back up your well-crafted marketing assertions with well-researched facts. Hitting the emotional and rational buttons simultaneously is hard but critical to this market. So is developing a range of short and in-depth pieces.

Doctors' work is important.

I did my undergrad at Johns Hopkins University, and a huge percentage of my fellow students went on to become doctors. Reunion talk often goes along these lines:

Friend A: I write books for a living!

Friend B: I consult for PWC.

Me: I help dozens of startups become successful with great marketing...to date my clients have cashed out for over \$2 billion.

Friend C: I save lives.

Friend D: Me too.

Friend E: Yeah.

Friend F: Same.

Everyone else: [eye roll]

[change of subject]



The point here is not just to avoid reunions whenever possible, but that when marketing to doctors, you must treat the *profession* as important. Because if you value human life, it is. Many marketers conflate this imperative to *take the profession seriously* with the need for excessive formality or even stuffiness. This leads us to the next challenge of marketing to doctors.

Most marketing aimed at doctors looks and sounds the same.

Take a look at a trade magazine or walk the floors of a conference and start a game of office bingo, giving points for every instance of photos of doctors looking serious, doctors looking competent while talking to a patient, doctors standing in front of their staff radiating leadership, close-ups of pills with massive disclaimer text, etc.

Sometimes there are good reasons for taking such a conservative approach but be aware that when you're marketing to doctors with this kind of stock concept, you're going to struggle to stand out from a crowd of clones.

Big Pharma can outspend you.

Perhaps the best way to get some perspective on how hard it is to market to doctors is by looking at how (and how much) money gets spent by the 800-lb. gorillas of medical marketing: Big Pharma.

Although there are less than half as many pharmaceutical reps walking into doctor offices today than there were ten years ago, there are still considerably more pharmaceutical reps in the U.S. than practicing physicians.

Maintaining these reps in the field isn't cheap, either—the average pharmaceutical rep costs \$160,000/year in fully loaded costs to make his or her rounds. That works out to about \$210 per office visit. Calling on specialists and hospitalists generally costs around \$300 per visit.

This level of spending is being maintained in a climate **where more than half** of physician practices strictly regulate or prohibit pharmaceutical rep access. That percentage has continued to increase over the last few years, thanks to growing pressure from both medical professionals themselves as well as an increasingly vocal public and political climate that is concerned about the adverse impacts of Big Pharma marketing to doctors.

*Marketing to doctors isn't cheap.
Just ask the
pharmaceutical companies.*



Pharmaceutical companies aren't dumb— after all, they probably collectively employ more PhDs than even the biggest university and more MBAs than Goldman Sachs. They **know** that they're getting ROI from these notoriously good looking and charismatic foot soldiers or they wouldn't keep employing them.

Pharmaceutical costs are largely fixed. In other words, the main costs are in R&D and regulatory compliance. Variable costs like manufacturing are relatively negligible. Therefore, on a variable basis, pharmaceutical sales are absurdly profitable, and it makes economic sense for pharmaceutical companies to spend heavily for each additional sale. That's great for branded drug companies (and pharmaceutical reps), but it makes for tough competition if you don't have that kind of budget...or even if you ARE a pharmaceutical company and are trying to keep costs down and increase access.

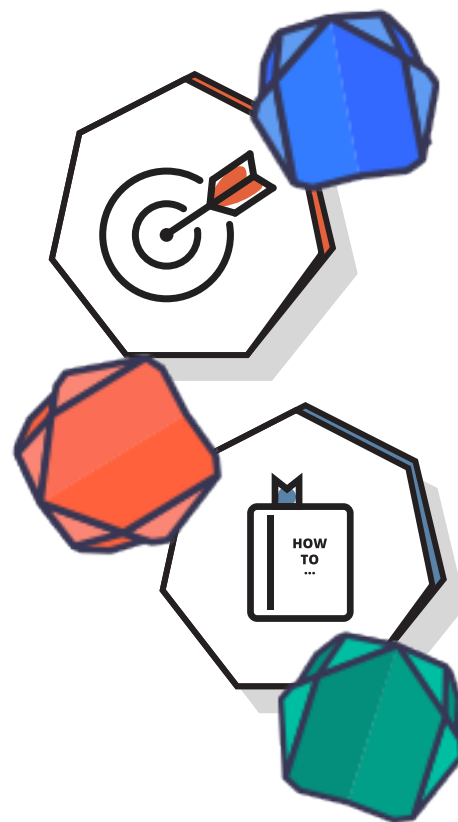
It doesn't matter if you're marketing drugs or not...if you're trying to market to doctors, you are competing with a **\$485 billion**³ industry for doctors' time and attention. This is an industry that spends about \$27 billion⁴ per year marketing directly to doctors.

Marketing to doctors may be hard...

...but it's hardly impossible for the savvy marketer, even if you don't have a Big Pharma-sized budget.

The general playbook for marketing to doctors is the same as it is for virtually any other B2B sale, but the actual execution is very vertical-specific if you want to achieve cost-effective results.

- **Defined Audience.** While “marketing to doctors” is very niche – it goes beyond that. You must consider clearly define your audience with other factors like speciality, practice size, etc. to truly be successful.
- **Tactical placement.** If you need to reach doctors, don't waste time with the 99.9% of the world that doesn't have MDs or DOs. Or the wrong specialists. Or doctors who lack the independence to make decisions about your product or service. When marketing to physicians, focus is your friend.
- **Truly great content.** You're unlikely to make the sale with just a witty ad. You need well-researched and persuasive assets (eBooks, white papers, articles, etc.) to close a complex or technical sale.
- **Excellent creative.** There's an opportunity to stand out amongst a forest of identical looking and sounding pitches... if you can craft one that hits just the right note of originality and credibility.



³ Pharmaceutical Commerce, *Global Pharma Spending Will Hit \$1.5 Trillion in 2023, Says IQVA*, 2019

⁴ Quartz, *Big Pharma Spent an Additional \$9.8 Billion on Marketing in the Past 20 Years. It Worked*, 2019

Here's how we break it all down.

STEP 1: DEFINE YOUR MESSAGE AND SEGMENT YOUR AUDIENCE

When marketing to doctors, I see too many brands stumble over themselves with mediocre or mixed-up messaging. This is downright wasteful.

*Marketing to doctors is expensive.
Once you DO have their attention, don't blow it.*

Make the most of your opportunity by quickly giving physicians a brief, truthful, and relevant message about your product or service. This seems straightforward, and it is, but it's amazing how many companies screw this part up while spending millions of dollars on wasted distribution and media buy.

To develop the most impactful messaging, you need to do a deep dive into both exactly who your audience is and what is important to them. From there, you can start to cherry-pick which of your potential brand messages will resonate with a given audience.

1. Tightly define your audience.

At glassCanopy, we often say that we “market to doctors” but the reality is that “doctors” is much too broad a category. “Doctors” is not a one-size-fits-all target audience.

There are over one million active physicians⁵ in the United States. Chances are, some of those physicians are better targets for your brand than others.

Specialty

Specialty should be one of the core pillars of your audience definition. It's one of the primary ways in which physicians self-identify.

Almost all clinical, and most back-office, brands need to take specialty into account. Figure out which specialties your message is most relevant to and tailor your message to those specialties. If at all possible, don't waste money and credibility by showing your message to irrelevant specialists.

Think specialty isn't important to your marketing efforts because you're targeting all doctors? Think again. Specialty has all kinds of implications for your target audience.

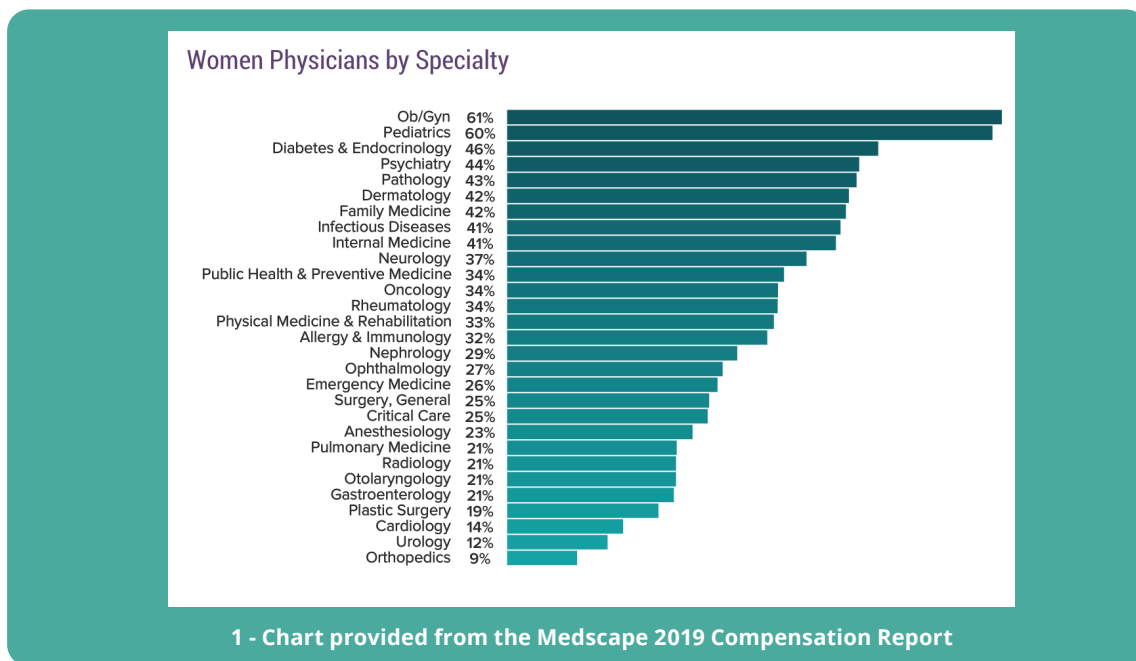
Even if all specialists are equally appealing to your brand (which is doubtful), the way that you might best appeal to them is likely to vary dramatically by specialty groups.

For instance, specialties correlate to:

Market Size. How many specialists are there in the US? There are approximately 480,000 active primary care physicians in the US⁵ versus 7,300 geriatric specialists⁶.

Decision Process. Do your specialists tend to work in independent practice or are they employees? According to the AMA, in 2018, ownership was highest among surgical subspecialties (64.5%) and lowest in emergency medicine physicians (26.2%)⁷.

Gender. Is there a strong gender bias in this specialty? While about half of the recent med school graduates are female⁸, as of 2019 only 35% of active doctors were women⁹. Some specialties are much more slanted: 61% of active OB/GYNs and 60% of pediatricians are women, but only 9% of orthopedists are female¹⁰.



5 Kaiser Family Foundation, *Professionally Active Physicians*, 2019

6 America's Health Rankings, *Geriatrician Shortfall*, 2019

7 American Medical Association, *Policy Research Perspectives*, 2018

8 Association of American Medical Colleges, *Total Graduates by U.S. Medical School and Sex*, 2019

9 Kaiser Family Foundation, *Professionally Active Physicians by Gender*, 2019

10 Medscape, *Medscape Physician Compensation Report 2019*, 2019

Income. Do your targeted specialists make more or less than the average among physicians? According to the 2019 Medscape physician compensation report, plastic surgeons took home \$471,000 on average last year while public and preventative medicine doctors made less than half of that at \$209,000.

Job Satisfaction. There are huge gaps between specialties. Just 62% of internal medicine doctors say they would choose that specialty again, while 96% of ophthalmologists would stick with ophthalmology.

Don't hesitate to rewrite your pitch entirely to address different specialties—even if your product isn't clinical in nature.

Setting

A pediatrician based in a giant urban hospital and a pediatrician working out of a small rural practice may both be treating kids every day, but virtually every other aspect of their professional lives is different. (Think about working at McCann Worldgroup versus a cozy boutique agency like glassCanopy.)

Hospital-based doctors may be actual employees of the hospital or they may be contractors, but either way, they have much less control over the day-to-day of their work lives than physicians who own their own practices.

Similarly, large-group and hospital-based physicians have a lot more resources at their disposal and don't spend as much time thinking about the detailed financial aspects of their practice—whereas many solo GPs know their finances to the point that they could tell you how much they pay for a ream of paper.

Important settings to consider include:

- Government employees
- University or large-scale health organizations
- Hospitals/clinic-based practices
- Large groups (49+)
- Medium groups (10-49)
- Small groups (less than 10) and solo practices



In general, the smaller the organization, the more likely that physicians will find themselves taking on all kinds of non-medical-related jobs or decisions—from acting as informal IT support for staff to being effective heads of HR. Medical practices *are* consolidating but, as of 2018, 56.5% of physicians still worked in small practices of 10 or less.

The larger the organization, the more likely physicians will receive traditional defined benefits like paid time off, subsidized health insurance, dental plans, and life and disability insurance, as well as paid benefits like professional liability insurance or money for continuing education.

Geography

Geography may, or may not, be critical to your message, depending on your product/service.

Some instances of where geography often *is* critical are:

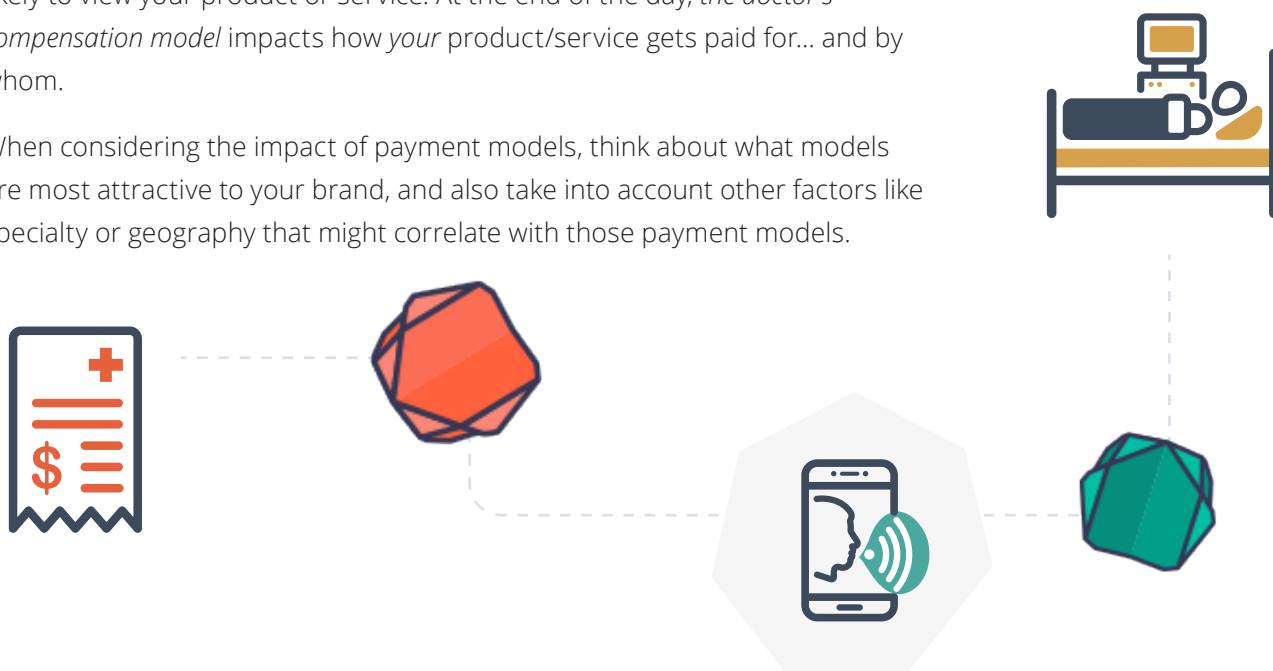
- Conditions being treated that primarily occur in specific areas
- Any product/service that is regulated by the state (or county) level
- Any product/service for which price or competition varies dramatically at the state or local level

Payment Model

It probably won't surprise you that physicians act differently when they get paid differently. Traditional fee for service, accountable care, concierge service, HMOs, cash-only vs. private insurance-only vs. Medicaid/Medicare—all produce different incentives and behaviors.

Think about how the various permutations of compensation will make physicians likely to view your product or service. At the end of the day, *the doctor's compensation model* impacts how *your* product/service gets paid for... and by whom.

When considering the impact of payment models, think about what models are most attractive to your brand, and also take into account other factors like specialty or geography that might correlate with those payment models.



2. Clarify what physician role(s) you're appealing to.

Okay, so you've thought about which doctors you want to communicate with. Like everyone, doctors wear multiple hats, so let's talk about in which role(s) you want to engage them.

There are three primary *roles* that marketers might want to appeal to:

A) *The doctor-as-physician*

Clinical marketing... aka marketing to a doctor in their role as a physician.

The primary goal here is not to "sell" the physician but to introduce your product and its potential benefits to the physician so that they can evaluate the benefits to their patients on their own. Allow doctors to validate claims *for themselves* by giving them access to the supporting data and studies, clinical experts with whom they can ask questions, and forums for discussion with colleagues.

All marketing should build trust. When marketing to doctors, trust is especially important. It's also worth noting that clinical marketing is a minefield of rules and regulations, so be careful about your both platforms and claims.

Be sure that you stick to the golden rules:

- Keep patient safety and benefit at the top of your priority list. Yes, we live in a capitalist based economy, but most people got into healthcare to help people. *Don't be the greedy asshole in the room.*
- Don't try to mislead the physician or make claims that you can't clinically back up.
- Don't try to bribe anyone.
- ALWAYS send EVERYTHING by legal to review.

B) *The doctor-as-businessperson*

In this era of ACA and consolidation, one fact often gets overlooked: As of 2018, 45.9% of physicians were owners of their practice.

What's more, physicians typically effectively control most medical practices, even if they have hired businesspeople to run the day-to-day.

Even today, many doctors are also business owners.

And, even if doctors don't directly own or control their practice, most physicians generally wield considerable influence in major business decisions.

When speaking to the *physician-as-businessperson*, don't make the mistake of thinking that this is ever the only hat that doctors wear. They're still doctors, so economic arguments can't ever be at the cost of patient well-being. (*You still don't want to be the greedy asshole in the room.*)

Beyond a patient-well-being-comes-first attitude, prestige, pride, freedom, and all the other non-economic reasons people start businesses also apply to doctors. So, go ahead and make your economic argument (you've got one, right?) to the *doctor-as-businessperson*. But don't make it the sole focus of your pitch.

C) The doctor-as-a-human

Studies show that 99.99% of doctors are actually human (margin of error is +/- .01%). They have lives outside medicine with husbands, wives, children, grandchildren, houses, mortgages, and/or maybe a flashy car or two.

Like everyone, doctors wish they had more time.

Many (but not all) have considerable disposable income. Remember that there is a wide variance between physician income by specialty and geographic region. For instance, according to the 2018 Medscape study on physician income, Indiana physicians were the top earners nationwide and averaged \$334,000 while District of Columbia doctors squeaked by on just \$229,000¹¹.

What's the point here? Yes, being a doctor is a vocation and a central self-defining aspect for most doctors, but doctors are still mothers, fathers, runners, glassblowing enthusiasts, and stamp collectors too. If you're selling to doctors-as-people, keep that in mind.

That's a lot of variables...

I know, right? You need to think through all these variables and then figure out how/when you can clump them together to create a manageable number of segments.

Keep in mind that the expense involved in physician marketing means that it's often worth developing creative and campaigns for smaller target segments that would be worthwhile in less competitive markets.

Hopefully, this will provide some food for thought the next time you sit down to think about your messaging and segmentation.

STEP 2: CREATE CONTENT TO BRING IN LEADS

You've steeled yourself to the uphill battle of getting the attention of the medical community and figuring out which specialists, practice size/type, and geographies that you want to target with your oh-so-wired-message...the next step is actually going to market.

But FIRST.... What's your CTA?

It's amazing to me how little time many B2B marketers spend thinking about their calls-to-action.

Let's go back in time and imagine we're all doing consumer direct mail again (or for the first time, whatever, I said *imagine*). Ok, what's the cardinal rule? *It's all about the **offer**.*

Okay, we're back to marketing really expensive stuff to doctors. What's the cardinal rule? *It's **still** all about the **offer**.* Yeah, I know it's basic. But if you're struggling with conversion rates **maybe you should reconsider your central call-to-action** – especially if it's some variant of *buy our stuff, or get more info, or get a demo*.

Here's the thing: **No one wants to buy your stuff, get more info, or get a demo.** At least not at first. You're not selling \$50 impulse buys (or if you are, you're reading the wrong eBook). You're selling stuff that sells for a couple thousand dollars to several million dollars. Or saves lives. Or maybe both. So, you need to let your prospects get to know you a little.

We have found that, in marketing to doctors, Marketing Qualified Leads (MQLs) cost about 3-10X more with a "Get a demo" CTA compared to a CTA featuring educational assets. That's the difference between \$75 and \$750 for a valid lead.

Of course, a "Get a Demo" MQL may be further down the decision-making funnel than an educational MQL, so it might be worth more. But if you're struggling with lead volume—consider putting more emphasis on educational calls to action rather than the hard sell. **Yes, that's right, we think content marketing is a really good way to reach physicians for complex sales.**



How about something educational, doc?

Doctors went to school. For, like, forever. They subscribe to journals. They attend conferences. They like facts. And statistics. They like learning stuff. So, figure out what you have to teach them. Doctors make great students. You just need to be a great teacher.

*“But the stuff I sell is boring. No one wants to learn about it and there’s nothing to say anyway.”
This is the single most common lament I hear from marketers. It’s also total bullshit.*

After all, doctors subscribe to *The Journal of Medical Toxicology* and their practice managers pour over the latest rulings from the Centers for Medicare and Medicaid Services (CMS)...I challenge you to put out something more boring than that stuff.

I speak from experience. Our agency’s entire focus is on marketing products and services that make lousy cocktail chatter. We’ve written eBooks about everything from how to tell a patient’s family that you might have accidentally killed their mother to increasing your Medicare reimbursements by a few basis points. Doctors & their practice managers do care about and download this stuff.

I’m convinced that we can write about pretty much *any* complex product or service and make it of interest to and applicable to physicians or healthcare executives. You can too.

Subject Matter

The key is to get really specific. For instance, this eBook is about “Developing content for marketing non-pharmaceutical products and services to doctors.” Unlikely to shoot to the top of the *NY Times* best seller list perhaps – but of great professional interest to **our** target audience.

Need some inspiration? Here’s some generic subject matter that will fill up your first 18 months of editorial calendar. They are listed in roughly the order you’ll probably want to create them.

1. What your industry sector does for a specific target segment.

Go into detail. Tell them how you make the sausage. Note that you’ll find higher conversion rates (both to download and sales conversations) if you don’t make this specifically about your company. Keep it generic and cover the different ways one can solve your prospects’ high-level problem. Don’t be afraid to editorialize on why you think your take on a solution is the best way to approach it *for a given market segment* but **resist the temptation to claim that you’re the “best”**. Instead, explain what features people should be looking for to find the “best” product/solution for *them*. It’s better if they come to the realization that it’s *your* product that offers all of those things on their own.

Think that you have no competition? Usually that means you’re not thinking about the problem broadly enough (for instance prospects can almost always “do nothing”) but even if your offering is truly unique, you should still present your solution as generic. You gain the credibility jump of not “selling” ... and if you’re *really* the only game in town, your prospects will figure that out and act accordingly.

Favorite media: eBooks

2. Your secret sauce.

Okay, now it’s time to “sell”. What makes your solution unique? Go into detail. Cite studies and statistics if you have them. Is there a shocking secret that the industry would prefer customers not know? Write a book about it. Heck – write a secret sauce eBook aimed at *every one of your market segments*. It’s OK if they are kind of repetitive, your prospects won’t read all of them.

Favorite media: eBooks, blog posts, webinars, videos

3. Third-Party Validation.

Depending on your solution, this may be a third-party analyst report, a published product showdown, or the published results of a clinical study. Whatever the case, resist the urge to prominently put your logo on the cover or all over the landing page that you’re gating the information with. Remember, you’re paying for third-party credibility. Don’t blow it by making it look bought and paid for... especially if it is. The primary branding should be the third-party who created the validation piece... your brand is secondary. There will be plenty of time to do branding and selling later. Get the contact information first.

Favorite media: white papers, analyst reports, clinical trial results

4. Case Studies or Genericized Use Cases.

What can I say? People love glancing at a case study about someone who reminds them of themselves in some capacity. It's a testimonial and a tutorial on how to use the solution in their setting... all in one neat 2-page package. So, case studies are great if you have them. However, we often find that our clients struggle to get *their* clients to go on record talking about their experience. Or they won't talk specifically enough about results to make it a useful case study.

Or there is a regulatory issue around releasing clinical data. That's OK. Just talk generically about how your brand helps a particular specialty or use case and cite a range of results. If you can go back and pepper in some more specific "mini-case studies" all the better. Keep in mind that doing somewhat repetitive pieces for each major segment is useful because prospects will only read the ones that apply to them... so don't worry if all your case studies seem a little repetitive to *you*.

Favorite media: Case study PDFs, subsections in eBooks, blog posts

5. What's in the news?

The first four topics on this list tend to produce evergreen assets that you can leverage over the course of years with occasional updates. Jumping on more topical subjects can result in assets that have a relatively short shelf-life but that can produce outstanding results nonetheless.

Some of the lowest-cost MQLs that we have seen in recent years were garnered using hotbutton topics like tax law changes, reimbursement changes, ICD-10, HIPAA, ransomware, and similar issues that impact prospects in ways they can't avoid.

Low cost per MQL is the upside to a great topical subject. The downside is that if the subject is only peripheral to your core business (i.e. tax law changes for a medical waste disposal company) then while you may get the opportunity to add to your inhouse database for a relatively low cost, the doctors haven't really signaled any *intentionality* about a desire for your product or service by giving you their contact information. So, the conversion from marketing qualified to sales qualified leads may be very slow.

Favorite media: webinars, eBooks

6. Answer the questions that you get from prospects.

Prospective customers often ask questions like How much does it cost? Who are your main competitors? Who are you best suited for? How long does it take to deploy? Will it work with ABC corporation's widget? How does X feature work? What do you mean by <industry buzzword>? These make great SEO-focused blog posts. Think there's not enough to talk about in your field? One of the most famous guys in content marketing got his start by writing about above-ground swimming pools. How much is there to say about this subject. As it turns out: a lot.

Favorite media: blog posts, sales PDFs, FAQ sections on your corporate website

What format/media should I create my content in?

This is a trick question. The answer is obviously: **all of them**.

*A better question is:
What format should I use first to create my content?*

Our opinion is that you should start with the most expansive format that you can. Then utilize that base content to develop shorter and more focused pieces in every format that appeals to your audience and that your resources allow for.

For many of our clients this ends up being an **eBook**. Each eBook then contains the ingredients for dozens of blog posts, a few videos, sell sheets, infographics, etc. The time that we, and the brand's management, spend learning and refining the message to build this "hero" piece is well spent. These strategic messages get regurgitated endlessly over the next months and years and the eBook can be further mined as source material for future sales and marketing projects.

However, for many more topical or in-depth discussions of subject matter that are adjacent to the core value proposition of our clients (think of a tax law discussion for a practice management software company), it often makes more sense to have the initial "hero" piece be a webinar. This **webinar** is often a cooperative venture between the client's operational or research team and a 3rd party expert. The marketing team's role is mainly one of facilitation. The resulting in-depth webinar can then provide the information for follow-on content like blog posts (which promote a gated recording of the webinar using SEO) and eBooks.

What content should I gate for leads?

Marketers often agonize over this question, so I think the easiest way to think about this question is to simply put yourself in the prospect's seat and ask yourself: If I have to "pay" for this content with my contact information, am I going to be satisfied with the value that I'm getting? To my mind this makes the answer pretty simple: **gate the content that is meaty, more or less objective, and well-researched**. Don't gate anything that is sales-y, really short (unless it's original research or similar), otherwise will leave your prospect feeling "duped" for giving up their contact info.

Common formats



eBooks / white papers

We love eBooks as a prospecting tool when trolling for initial contact with physicians of virtually any specialty. Keep in mind that our tagline includes the phrase “marketing hard-to-describe products” so our experience with complex sales no doubt creates some bias toward this format. However, my belief is that *any* big-ticket item will benefit from the validation and explanation afforded by a solid eBook.

A great eBook makes *fantastic* bait for net new prospects. But that’s not all. Here’s a few other ways they come in handy:

- They can (and should) be chopped into stand-alone and multi-part blog posts.
- They are good inspiration for data sheets, case studies, and other collateral.
- Your sales team will thank you for the additional fodder that they can email/mail to hot prospects.

eBooks and whitepapers are best suited for generic sector benefit books, brand-specific secret sauce and similar pieces, and of course general education content and collections of case studies.

DON'T SKIMP on writing a great authoritative eBook. Once you get a prospect's contact information, you're still going to need to convert them from an MQL into an SQL. And throughout that process *the prospects will be in charge*. Gated content like an eBook is often the very first chance you have to make a good impression on those prospects. So, don't blow it.

The research, writing, and overall quality of your content must be the highest quality that you can muster.



eBooks vs white papers

The only real difference between white papers and eBooks is that white papers have more footnotes and follow a more formal faux-academic style. eBooks are more flexible in that you can make them as visual or text heavy as you like. People differ, but I generally prefer the more visual and skim-able style of an eBook versus a white paper unless we really need to go for that academic vibe.

But will prospects read my 16-page eBook on the legal risks presented by malware?

Seriously, who cares? You're not a poet who wants the world to know your innermost thoughts – you're a marketer trying to make an impression and help sales make successful contact.

The point is that the prospect gave you their contact details, downloaded your eBook, gave it a glance, was impressed with the high quality and thought that went into it, and with luck even printed it out so that it's taking up desk space somewhere. What more can you ask for?

As it turns out, you **do** get an additional bonus. Doctors are diligent workers, and when your sales team calls, they will feel **guilty** that they haven't read your eBook. No, seriously. It happens. Then your sales team gets a chance to give them the executive summary. Everybody ends up happy. Especially you.

At the end of the day, a surprisingly large number of prospects read (or at least credibly skim) even really long eBooks.



Webinar

The first thing you have to accept is that, unless you have a **wildly** hot product, no one wants to come to your “learn more about our product or service” webinar. Literally no one. Not even your mom. So, pick a topic (and make the actual content) more broadly interesting. How you can solve or measure a common problem with tool-agnostic techniques for instance. Or indepth information on a hot topical issue. It’s OK to talk about your brand’s special sauce at the end but keep it short and relevant to the topic. Remember, **no one signed up for a sales pitch.**

The second thing you should accept is that attendance numbers do not equate with success. It’s easy to get lots of registrants for the topic-du-jour but unless the attendees are in a position to buy or influence the purchase of your product or service, you’re wasting your time. On the other hand, if you have just **one** qualified prospect attend your super-focused webinar, it’s worth your team’s time. After all, if you met this prospect in the hotel lobby of a trade show, and they were actively interested in what you had to say, you’d talk to them right?

Finally, even if **nobody** shows up for your webinar that’s still okay. Remember, you’re recording it and offering it on-demand. People are busy. Showing up at 10:45AM EDT is hard. Doctors are busy. Prospects might watch (or skim) it at 11pm six weeks later. That’s fine.

The most successful webinar topics combine a topicality that gives them urgency to get registrants to actually register with some sort of relevance to your brand.

It’s OK for your team to just host and talk to a subject expert if the topic is slightly adjacent to your core brand focus.

Sending the slide deck or bonus content like statistics or research that was quoted in the webinar makes for great follow ups. And don’t feel like you have to put it all in one email. Keep sending useful follow-on updates with related breaking news as it becomes available, referencing the webinar so they know why you’re sending them this stuff, and you’ll continue to build the relationship.



Blog Posts

We divide blog posts into three categories:

- News like product updates, press release rewrites, event info, etc.
- Thought leadership pieces that outline your management team's philosophy.
- SEO optimized articles that focus on non-branded keywords.

It's important to think about each category separately.

News pieces are essentially aimed at your current customers, employees, partners, and competitors.

Let's face it, no one else is going to read your product release notes or that you're attending HIMSS and are giving away sweat socks to everyone who stops by booth 325. That means you needn't try and include product basics, try to sell, or have CTAs that focus on any of the above. Focus on building the brand, referrals, and if you feel the need to sell—upsell add-ons or new features instead.

Thought leadership pieces are the content marketing equivalent of putting all your money on 13 at the roulette table.

There's a possibility that you'll hit a gold mine but more likely the post will sink into the web without a trace. Bolster your chances through smart paid and organic promotion but don't be too disappointed if no one notices your CEO's 5,000-word manifesto. The thinking that goes into an unnoticed thought leadership piece can be recycled and reused in other pieces. If you *do* have a hit, keep writing follow on pieces and start collecting email addresses by promising notifications of sequels, more data, or an eBook of collected thought pieces.

SEO optimized pieces. Each SEO-optimized piece should be focused on one or two sets of longtail keyword phrases that are relevant to your audience and product. The focus is on visitors who are new to your brand and possibly to your solution.

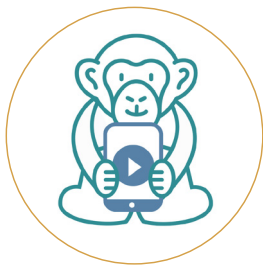


Interactive

Yeah, I know, "interactive" is laughably broad but what works here is really dependent on what you're selling, who you're selling it to, and how they are interacting with your brand. However, I think that this can be an incredibly powerful opportunity to engage with prospects 24/7.

Some examples of good interactive "content":

- AI-powered chatbots that can discuss FAQs and even pricing
- Javascript ROI or pricing calculators
- Sandbox environments where doctors can try out your SaaS or software solution
- Fun "toys" that relate to your audience or product
- CME courses



Video

Here's the thing: getting doctors to watch a video is hard. They mostly aren't sitting in front of a computer in a relatively quiet private environment where watching a video is simple. They're mainly running around, reading stuff on their smartphones, sitting in crowded areas with little privacy, etc.

Videos require their viewers to focus both their eyes and ears on the message. And they're relatively expensive to produce. What's more, it's really hard to successfully gate any videos other than CMEs and webinars.

Some subjects absolutely shine incredibly well in video format, but if you don't need that, you may want to consider other formats first.



Audio

Podcasts are one of the great sleeper formats for hard-to-reach audiences. Creating a podcast audience from scratch is tricky and typically requires a lot of commitment but it's potentially very high value. If you can commit to building an audience over the course of a year or two by putting out weekly or bi-weekly podcasts aimed at your physician audience, you have the opportunity to spend significant time with prospects in a format that they willingly engage in— and will even forward to their colleagues.



Infographics/SlideShare

Infographics are great for lead nurture *where you already have the prospects contact info* but they pretty much suck as a prospecting tool. Marketers might give up their email for an infographic, but very few MDs will.

Going for the sale

One of the great rules of life is “don't ask; don't get.” So, while we love to stock up on MQLs with content marketing CTAs, sometimes you just gotta go with the hard sell. The key here is to figure out what that first logical step is before making a purchase. Maybe it is “Get a Demo/Get a Quote/Free Trial/Buy Now” or maybe it's a softer “Let's talk/Contact us”.

Whatever hard-sell CTAs you settle on, it's critical that you constantly tinker with them. Optimization is the name of the game for hard sells. We talk about hard-sells and optimization in more detail on [page 34](#).

STEP 3: PROMOTE CONTENT TO DRIVE LEAD GENERATION

According to the Kaiser Family Foundation, there are approximately 1 million professionally active physicians in the United States and they are nearly evenly divided between specialists and primary care providers. The population of the US is ~330 million¹², so one of the biggest challenges in marketing to physicians is finding and impacting the small sliver of the population that can respond to your message. Here's how to do it.

Define Your Universe

Figure out your primary audiences (not forgetting staff) and how you want to slice and dice them accordingly to specialty, geography, practice size, demographics, etc. Ideally, you should have a pretty specific set (or sets) of criteria at the end of this exercise.

Buy Yourself a List

One of the neat things about marketing to doctors is that it's almost always a small enough audience that it's practical to actually go out and purchase a list of all the doctors that fit your criteria.

There are a number of sources for this information including both specialty list brokers like SK&A or MMS and general list brokers like Caldwell or ExactData. Not surprisingly, specialty list brokers charge much more for their information and typically do a better job of keeping it clean and up to date. How important this is depends on what you do with it.



“Okay, I bought my list, I’m ready to send out my email blast, right?”

Whoa. Hold on there! Whatever you do with that list, **don’t use it to send emails!**

Even though list brokers often *try* to spin bought or rented lists as “permission-based” – those doctors have not given **you** permission to email them. If you do, it’s spam. Here’s what happens when you send spam:

- *Essentially no one will open your email or click on it other than to complain about spam.* Spam filters are amazingly good these days. Both AI-based and human-based. When’s the last time you bought something that was triggered by a spam email?
- *Future emails (even truly opt-in ones) will suffer.* Send out spam once and, even if you don’t get black-listed, future deliverability will suffer.
- *Your email provider will hate you.* The stats on this email “blast” will all be bad enough to clearly flag to your email provider (MailChimp, Pardot, etc.) that you just imported and emailed a bought list. Expect to get a warning and/or banned if you do it twice.
- *The few people you reached now have a bad impression of you.* C’mon we all know what we think when someone sends us an email we didn’t ask for. It’s not positive.

Your list is simply the universe of people whose permission you need to effectively market to them. There are lots of things you can do with a list but one of them isn’t to email them.



Platforms

Here are some of the most effective platforms that we've found for advertising to physicians. They're listed in no particular order—your media mix is dependent on your CTAs, service/product, budget, etc.

Any of these platforms can be effective in reaching doctors – but we've also seen each of them fail spectacularly. Our advice is to go with as wide an initial media mix as possible and measure what works. Don't assume that your “go-to” platform at your last company will also be the star performer for your new one!

When you're getting started, try a mix of platforms to see what works and what doesn't.

Retargeting

Traditional Retargeting

Most people think of retargeting as simply hitting website visitors with banners after they have already visited your website. This is the traditional use of retargeting technology and it's most often seen with web retailers trying to get you to come back and buy that pair of shoes you were looking at. It's a useful technique to reinforce your brand with existing visitors but it won't create net new visitors. This makes retargeting returning visitors a very inexpensive but low impact exercise for many companies.

Traditional retargeting is great but will not increase your universe of prospects.

Here's how you can turbo-charge your “retargeting” efforts to find new prospects.

Partner Retargeting

One of the most cost-effective ways to get in front of new doctors is to partner up with adjacent, but non-competitive, companies. The opportunities for cooperation are numerous but one of the lesser-known ones allows you to “retarget” your partners' website visitors just as if they had been on your own website. When done with an appropriate partner, it allows for highly targeted banners at a cost of \$4-5 CPM versus \$70-100 CPMs that are common in specialized journals.

List Retargeting

Another great use of “retargeting” technology is to target members of a list. You upload your list of prospect emails (remember I told you that you’d get to use a bought list for something!) and you can then target those people with banners just as if they had visited your website. This will introduce your brand to new prospects in a highly targeted way. It’s like buying a billboard that only (for instance) OB/GYNs can see!

List retargeting is where you can utilize that email list you purchased – without worrying about unsubscribes or getting flagged as a spammer.

Super-Granular Retargeting

This is one of my favorite techniques because it both results in a measurable impact on revenue and it gets the marketing and sales teams working together. Most retargeting platforms will allow you to target a super-granular list. Usually with a minimum of 100 names. Yes, this is really just a subset of List Retargeting, but you can do really cool things with it... like supporting your sales team to close a big sale.



Help Close that Big Sale

Here's how retargeting can help close a mega-deal. Say you're sitting in an executive meeting and the VP of Sales is talking about how he's this close to closing a make-the-quarter sale to a large group of doctors. It's between you and your largest competitor. But it's slow going because selling to doctors is always slow. They need agreement from an executive committee of a dozen or more doctors/executive staff. Your company really excels on Feature A and your competitor doesn't. You can support your company's sales efforts with **ads targeted just at those decision makers**. Some examples of effective ideas to push that sale over the top:

- Ads touting the importance of Feature A
- Offering an eBook or a case study that shows the importance of Feature A
- Branding banners that demonstrate how your organization specializes in organizations the exact **size** of your prospect or in their **specialty** or in their **geographic region**

The prospects are not going to realize that these ads are tailored to them; instead, it will feel like your company is tailored to them. Track the engagement and be prepared to (quietly) brag about how the chief decision maker clicked on an ad and downloaded your eBook two days before signing the contract.

This can be launched in less than a day if you already have the assets and landing pages in place from other campaigns. Target everyone in their organization for which you have (or can guess) an email. Bulk up the list with your own team's emails if you need to get it to the 100-email minimum.

Support your sales team's effort by utilizing retargeting to stay at top of mind for soon-to-close sale.



Content Syndication

Content syndication can be one of the greatest distribution channels for generating marketing qualified leads at a modest price if you have high-quality content assets. The most common way to do this is to work directly with a leading publication that your prospects read, such as Medical Economics, and have the publications promote your eBook or whitepaper (the most common content assets for syndication) to their audience.

Billing is typically done on a per-contact basis and you can usually add filters such as geography, practice size, and specialty. While some publications offer “per month” pricing, I suggest that advertisers push for at least a guaranteed minimum of leads in any contract. The publication knows their audience better than you do; if they’re unwilling to guarantee a certain number of leads based on their experience, that would make me wary.

The upsides of working directly with publications for syndication are high-quality leads and good brand association – the doctors know and trust these publications. Since most of the deals are done on a per-lead basis, you also have the security of known costs. The downsides are the relatively high costs per lead, delayed delivery of leads, and sometimes daunting minimum-buys.

White Label Syndication

One of the secrets that many publications don’t want advertisers to know (sorry guys) is that there exists a grey market of “remainder” content syndication. There are a number of intermediaries that traffic in leftover “inventory” from various publishers. The process is simple: upload your asset, specify your audiences, and the intermediaries put your content in front of qualifying prospects.

The primary upside to white label syndication is a lower cost per qualified lead. Depending on the audience, you may also be able to get a real-time feed of leads so that the sales team can follow up immediately. The main downside to white label is that you have very little control over how or where your assets are presented. Many intermediaries also only work with agencies and not directly with brands in order to minimize the conflict for publishers.

White label syndication allows you to target your audience using “leftover” ad space at a significantly lower price than purchasing the ad space outright.

Search

Paid Search

Search is a great platform when you have a product that your prospects are aware of and actively look for. Paid search tends to produce leads that are further down the sales funnel than other platforms. It's often the last thing a prospect does before purchase. So, it's important... but it can also be over-valued because the attribution is so easy to track.

Search *isn't* a great platform when you have an emerging product that people don't know exists. It's also not as useful if you're competing in a category with a really low churn rate. You need to get in front of prospects who might otherwise not be thinking about making a change in your category. Search generally isn't very helpful for that.

A word of caution. **You can waste a lot of money on Google Adwords.** Google has done a great job in making the interface seem accessible and straightforward. But here's the thing: people searching for stuff with your keywords aren't always searching for your stuff. In fact, when marketing to doctors, we see **the vast majority of search queries are actually coming from consumers** consulting Dr. Google about their symptoms, trying to pay their medical bills, or looking to sue their doctors for malpractice. Combine a 90% false audience ratio with really expensive bids per click and you can use up a lot of your advertising budget really fast.

To effectively use Adwords, you really need someone who understands both the ins and outs of Adwords **and** the nuances of your product. Most paid search agencies are focused on high volume keywords... the techniques that work for consumer products and even most B2B campaigns will mostly result in wasted spend when used on doctors.

Advertisers need to comb through each search query, figure out the intent behind them, and come up with lots and lots of creative negative keywords, exact matches, etc. And yes, you still need to do this even if your ad copy is crystal clear that it is only aimed at doctors. People will click on anything without reading. (For instance, we regularly get million-dollar RFPs on glassspaned canopies for railroad stations and office buildings – just because our name is “glassCanopy”.)

Pro-Tip:

Search is more than just Google: You'll notice that I didn't label this section "Adwords".

That's because while Google does have, by far, the best product in this space it's not the only player. Bing is increasingly useful and can often provide leads at 20% of the cost of Google. Bing also serves ads for Yahoo and DuckDuckGo. With these combined properties, Bing can provide a significant lift to MQL volume and decrease costs for your SEM programs.

Organic Search

A lot of people think about organic search as a totally separate issue from all the paid platforms that we're discussing elsewhere in this article but keep in my mind – it's just another platform... albeit an unusually powerful (and occasionally moody) one. Likewise, a lot of folks regard SEO as a sort of voodoo magic that requires secret rituals and sacrifices in order to get to the front page of results. The reality is much more prosaic:

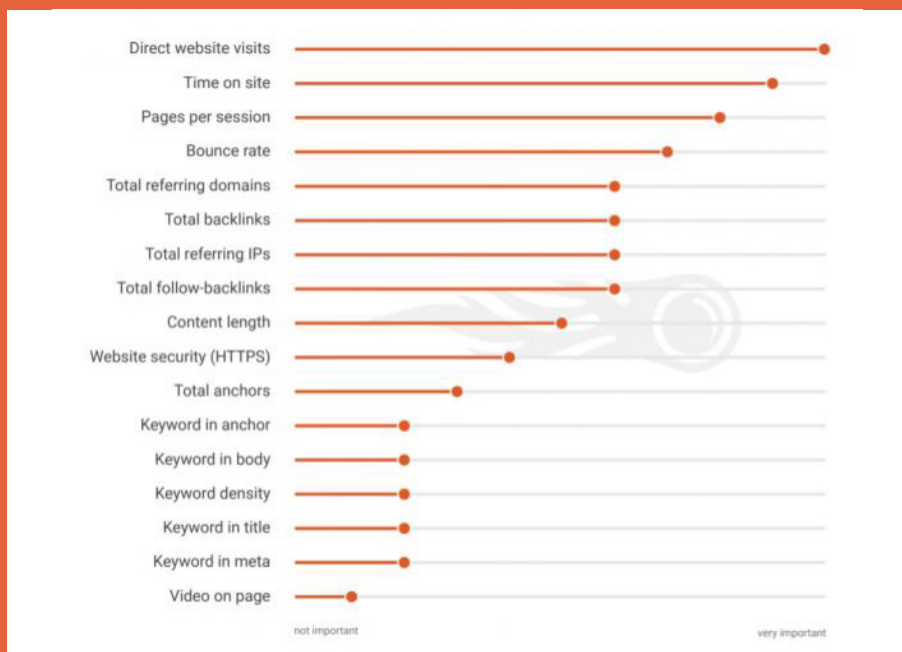
1. Good focused content will result in qualified traffic.
2. Calls to action that address those inferred search questions will result in conversions of qualified leads.

Is it really that simple? For the most part, it is.

Focused Content

The algorithms for the three main independent English language search languages: Google, Bing, and Duck-DuckGo are incredibly rich and complex. They are getting better and better at identifying quality content that audiences engage with. While it's still possible to game the search engines, playing cat-and-mouse with Google is a pursuit that you're going to eventually lose. It's better to just invest in quality content that engages your audience.

Most of our technical advice comes down to not making mistakes: clearly label your content with page titles and URLs that reflect your keywords and actual content, use HTTPS instead of HTTP, don't do stupid stuff like signup for link farms or allow spammy outbound links in your comment sections, etc.



2 - According to an SEMRush Study, the most important factors in search rankings are quality measure like how engaging your audience finds your content¹³.

Appropriate inbound links are definitely helpful, but in our experience, the pursuit of them often leads to semi-spammy inbound links that actually hurt your rankings. When you have the opportunity to cross-link or get inbound links from sites that make sense from a logical content perspective, great. Otherwise, focus on writing great content.

Matching Calls to Action

Your primary CTA should offer an asset that answers the implied question asked by the search terms that got users to your page. This seems straightforward but marketers very often fall in love with their latest and greatest content offering and splash that across every page of their website instead. The problem with that is that if I am searching for “What are the best free EHR systems” and you offer me your shiny new asset *How to Increase Practice Revenue with EHR* I’m unlikely to give you my contact details. If you’d offered me your year-old analyst report *Comparing Free EHR Systems* I’m much more likely to give you my contact details.

Pro-Tip:

Every article on your blog is a potential entry point for a prospect who is new to your company... answer the question they asked and you’re likely to be rewarded. If you don’t have a matching asset for a highly trafficked page... then put that at the top of your to-do list.

Planning SEO Optimized Blog Posts

Each SEO-optimized piece should be focused on one or two sets of non-branded keyword phrases that are relevant to your audience and product. The focus is on visitors who are new to your brand and possibly to your solution. Don’t worry if the blog post seems repetitive (as long as it’s not verbatim - duplicate content will get you penalized by the search engines) to similar articles... the only people who will read every one of your blog articles is your marketing team.

When planning your editorial calendar focus on the magic combo of search terms that:

- Show intentionality around your product, service, or underlying problem that you solve
- Have at least some measurable search volume (even 10 searches a month can be worth pursuing if they have high intentionality)

Prioritize those terms for which you already have an appropriate offer or CTA ready. Remember, it’s critical that search terms align with CTAs. Otherwise, your SEO efforts might get a ton of traffic but fail to convert any of it.

Example: 90% of our new readers arrived at one of the blog articles that this eBook is based off of after searching for a term similar to “marketing to doctors”. We’re currently ranked #1 on Google for this term so we get a fair amount of focused traffic. About 10% of it converts on the CTA: Marketing to Doctors eBook (in fact, there’s a good chance that’s how you started reading this eBook in the first place).

Paid Social

Social's primary value to niche marketers like us is that they know EXACTLY who their customers are. Social platforms know what their users do for a living, where they live, and who they work for. They usually know their job title and who their friends and acquaintances are and they allow us to target our ads based on those criteria. That's extremely powerful. All of the major platforms also allow you to upload your own list of emails and target only those users. (There's that bought list coming in handy again.)

LinkedIn

LinkedIn is the B2B marketer's go-to platform. This includes marketing to physicians. As of the date of this writing, you can target 480,000 MDs and DOs in the US on LinkedIn. That's roughly half of the physicians in the US. There are numerous useful standard filters available from geography to employer size to help increase your targeting. Creative use of fields of study, group memberships, etc. can increase targeting further. Products range from InMail (where you can send in-platform "emails" to prospects) to in-feed sponsored content to standard banners. Business-oriented messages (Physician-as-Business Person) seem to work especially well on LinkedIn.

Per-lead costs on LinkedIn are high but so is quality. Scaling can be a problem as many doctors don't log in to LinkedIn very often.

Twitter

Twitter seems to be largely populated by bots these days but there are some real physicians that still lurk there. Your best bet is to target campaigns at followers of local medical associations. The major medical publications typically have too many consumers.

Per-lead costs on Twitter are low, but qualified yields are usually low.

Facebook

Facebook has been fairly useless as an advertising platform for us for several years. It's not that the doctors aren't on the platform, it's just that they're trolling for cat videos like everyone else. They're not in the market for information on HIPAA compliant texting modules. Plus, the targeting controls aren't well optimized for medical marketers. If you've got a fun/lighthearted message, give it a try. Otherwise, give it a pass.

Facebook isn't a good match for serious marketing messages. Keep it light.



Remember: Think Mobile

Doctors spend a lot more of their time on their phones than desktop/laptops compared to your average marketer. Doximity says that their data shows 90% of them use iPhones rather than Android. Why do I point this out? Because a huge percentage of your campaigns will be consumed on an iPhone and the default QC device for most marketing and advertising people is their laptop.

Make sure it looks good and the user-flow makes sense on mobile!

Medical Publications

There are lots of publications and websites that are focused on the physicians you care about – from the generalist publications like *Physicians Practice* to more specialized ones like *Anesthesiology News*. They all offer a variety of advertising products and will be happy to send you their media kits detailing prices and specs.

When dealing with the publications, my advice is to actually call up the sales reps and open up about what your budget is, what your campaign expectations are, and what your creative and/or assets look like.

A lot of people feel like that's giving away too much information, but negotiations don't need to be zero-sum games. The sales reps have seen it all. They have a really good sense of what works and what doesn't for their publication. They know their audiences. And a lot of them are very experienced marketing professionals in their own right. Show them some respect and ask for their advice. It doesn't mean you need to take it – they *do* want to sell you advertising after all – but they want to steer you toward what will work. Successful advertisers come back for more. Unsuccessful ones don't.

Medical Associations

Nationally, medical association membership has steadily declined. Only 25% of doctors currently belong to the AMA, down from 75% in the 1950's¹⁴. However, while medical associations aren't as influential as they once were, they can still be powerful allies. Explore sponsorship and content sharing opportunities with the relevant national (and especially) local associations.

Apps

Doctors are on their phones constantly. They use them for both work and play. According to the "Physician's Practice 2018 Mobile Health Survey", 75.9% say they use mobile health (mHealth) in their practice on a weekly basis¹⁵.

Many medical apps such as ePocrates and Figure 1 offer advertising programs. They tend to be dominated by high-spending pharma programs but it's worth considering if a specific app is a particularly good match for your brand in terms of audience and usage.

SaaS-based applications such as EHRs and Practice Management software are either making their money by charging fees or by selling access to their subscribers or data (or both). They have both excellent data on their users' practices and high engagement rates.

Many of these companies are startups that are still trying to figure out their own revenue picture, so pricing and format options tend to be all over the place. If you're interested in advertising with an app, it's probably worth contacting them rather than just assuming their media kit (or lack of a media kit) is all there is to see.



¹⁴ Stat News, *'Like a slap in the face': Dissent roils the AMA, the nation's largest doctor's group*, 2016

¹⁵ Physician's Practice, *2018 Mobile Health Survey Results*, 2018

Direct Mail

Direct mail is not dead. It's evolving. As consolidation takes greater hold across the medical field, sending bulk mailings to doctors becomes less effective. For instance, when 200 identical direct mail pieces arrive at the front desk or mailroom addressed to every doctor in the building (and many that aren't) ... those mailers are going straight to recycling. Here's how to have a good direct mail program:

- **Spread it out:** Try to avoid the giant batch of junk mail by spreading your mail drops. Sure, it'll cost you a little more in postage, but it will increase your effective deliverability.
- **Customize:** I'm not talking about lasering their name on the outside of the mailer. Do something meaningful. What this will be will depend on your offering, but some of the things we've seen work include pricing information, references to the actions or questions of close colleagues, mining relationship data to find client references that the prospect knows, etc.
- **Go narrow and deep:** I think the most effective use of direct mail in today's world is in support of Account-Based Marketing. When you have the attention of one prospect, but you need several to close the sale... consider how direct mail can support that effort. Being narrowly focused also means you can afford to spend more, a lot more, on each mailing compared to sending out 50k flyers.
- **Go first-class:** Nothing says junk mail like standard postage.
- **Go dimensional:** Packages are nice as long as they don't look like a bribe. Including notes that "pop" are fun too. If you don't mind the environmental apocalypse you can even include mailers that will play videos in HD for \$20-\$50 a piece.
- **Go old-school:** Consider sending a simple hand-addressed package with a short handwritten note from an actual person. Low production values can communicate sincerity and human warmth – while getting past gatekeepers.
- **Get an email:** Opt-in email is going to perform much better and be much cheaper than trying to develop a complex sale over direct mail. Email is the next step.
- **Talk to the front desk:** Sometimes marketers get too obsessed with getting *past* the gatekeepers. Try addressing them instead with packages and materials just for them. They might be more likely to pass your message on to the doctor if they know your brand and like what you have to say.

That's a Lot of Options!

I know, right? Most companies can't afford to just do "everything" and hope that some of them work out. A good agency should be aware of all the options and be able to help you develop an initial media plan to test out the best platform and campaign options for your specific market. Now that you have your target audience, have created some content, and know where you're going to place that content, it's time for the next step...

STEP 4: TRACK, MEASURE, AND OPTIMIZE

I've said it before, but it's worth repeating: marketing to doctors is expensive. Blame big pharma. If you're not doing everything you can to measure and optimize your ad-buy, you're not doing enough.

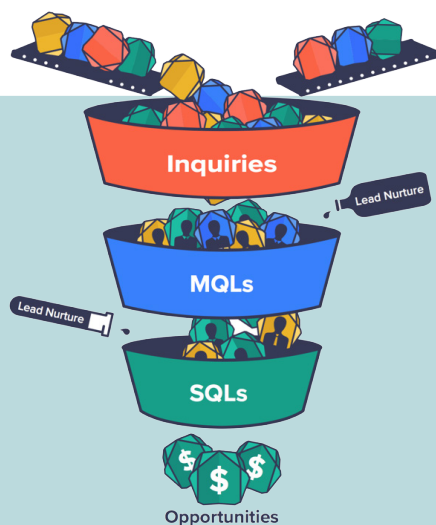
Track based on the best metric you have

We've all heard the old chestnut about not knowing which half of your marketing spend is being wasted. In my experience, this grossly underestimates the percentage of wasted budget. In the absence of really rigorous analytics and optimization, it's the 80-20 rule that applies: 20% of your work/budget is generating 80% of the marketing-driven **revenue**. The rest is mostly a waste.

You'll notice I said, "revenue," not "leads". You can't pay your staff or investors with "leads". Generally, people prefer to be paid with money, so ideally, you're optimizing your marketing spend based on revenue generation.... not clicks, page views, or inbound inquiries.

It's OK if you can't track on revenue... yet.

The reality is that many companies don't yet have the ability to track inbound inquiries all the way to the final sale. If that's your organization, don't beat yourself up about this. It's a more common problem than the marketing conference circuit would have you believe. However, accurate tracking through the marketing and sales funnel is a critical piece of your marketing infrastructure. It allows for more productive marketing/sales conversations, better handoffs, and for marketing to speak more confidently about their contributions to the bottom line.



*If you're not there already, you should immediately set your #1 goal this year to be:
"Track marketing efforts from inquiry to revenue."*

Figure out your best metric, then go one deeper. Repeat.

Unlike consumer-based marketing, or even marketing to SMBs, the vast majority of the population can't buy your products. Consumers are vast and will eagerly click on anything. Doctors are rare... and will click very infrequently. This means that if you're not careful, most of your budget will be spent talking to consumers who can't buy your stuff.

What's more, you may find that some kinds of doctors are very interested in getting more information or speaking to a sales rep... but rarely actually buy. This may be because of misaligned features, budgets, or branding... but you'll never know if you don't measure.

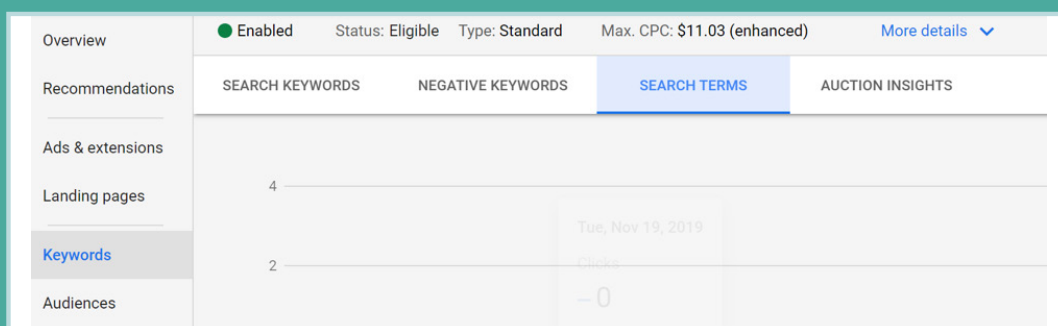
Without in-depth analysis and targeting, companies inevitably spend their money on reaching the wrong people with the wrong message.

Pro-Tip for AdWords

People searching for stuff with your keywords aren't always searching for your stuff – even if your stuff can't be used by anyone BUT doctors. If you can't figure out a way to weed out random consumers, they will DESTROY your budget.

Be very wary of using “broad match” keywords and make a habit of looking at the “search terms” that are triggering your ads. If you haven't previously optimized for this, you may find that you are horrified at the queries being used. Most campaigns will need extensive lists of negative keywords to avoid showing your ads to consumers.

Dig into your AdWords console and find out exactly what people are typing into Google to trigger your ads. You might be shocked.



<input type="checkbox"/> Search term	Match type	Added/Excluded	↓ Clicks	Impr.
Total: Search terms ②				
<input type="checkbox"/> how to market to doctors	Broad match	None	3	5
<input type="checkbox"/> marketing to doctors	Exact match	✓ Added	2	11
<input type="checkbox"/> email marketing to doctors	Phrase match	None	2	3
<input type="checkbox"/> advertise to doctors	Broad match	None	2	2

Take a look at this basic tracking funnel. How far can you go?

Impressions, clicks, and page views: If you're still rocking 90's-era marketing metrics, stop everything else and figure out how you can find more meaningful numbers. Optimizing based on these unfiltered metrics is a sure-fire way to ensure that virtually all of your advertising and content will be directed at consumers instead of doctors.

Inquiries: Hopefully you can go beyond traffic metrics and at least gauge how many raw inquiries come into the funnel. These metrics haven't been filtered for anything other than obvious spam. It's a better metric than impressions, clicks, and page views, but often not by much.

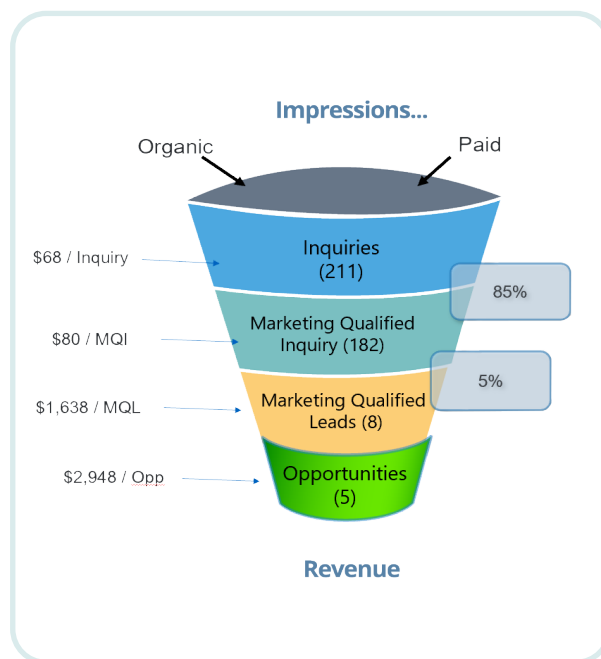
Marketing Qualified Inquiries (MQIs): A marketing qualified inquiry is any inbound contact that belongs to someone (usually a physician) that can buy or influence the purchase of your product or service. To figure this out, you need to augment the incoming data to "unmask" who belongs to a given email address. Note that just because someone is a doctor, doesn't mean that they are "qualified".

Marketing Qualified Leads (MQLs): A marketing qualified lead is someone who is not just able to buy your product or service, it's someone who has indicated some intentionality around being the market for your category of product or service. This is defined differently at every organization but usually is based on a scoring system like "downloaded a bunch of eBooks" or "filled out the info on the pricing calculator". At this point, there is usually some kind of "hand-off" to sales... but it's important for marketing to keep nurturing these leads.

Sales Qualified Lead (SQL): Again, this will vary according to the organization but usually means that a salesperson has had a conversation and believes that this is a viable lead. Sales will pursue to the next step.

Sales Qualified Opportunity (SQO): The next step in the sales process... usually, the sales team has assigned a predicted value for closing the sale as well as a guess as to what's the likelihood of it closing.

Revenue: The sale finally closed. At this point, marketing really needs to know the estimated Lifetime Value (LV) of this new customer. In other words, how much marginal profit will the customer likely bring to the table over the lifetime of the relationship? Hopefully, you spent less on marketing and sales in developing this customer than they will bring to the table. At the end of the day, *this is the only way you will know if your marketing spend was "effective"*.



Don't neglect the marketing-sales handoff!

Make sure that marketing and sales are in agreement on what happens with your leads. Effective sales/marketing coordination is a critical, and all too often ignored, part of the overall marketing cycle.

- When does the handoff happen?
- What does the handoff mean?
- Who is responsible for the next activities?
- Is marketing still involved after the handoff?
- What happens if the prospect gets disqualified by sales?

How to Slice and Dice the Information

Ok, you've figured out how far in the funnel you can track. Hopefully, you can get at least to Marketing Qualified Inquiries. That way, you at least know that you're reaching an audience who could buy your product or service if they want to.

The next step is organizing your marketing spend (in dollars, time, and other resources) in a way that you can make sense of. We recommend thinking about it in terms of **Campaigns** and **Platforms**.

Campaigns

A campaign is basically an idea, and asset, or a call-to-action. Examples include:

- An eBook on the problem you solve
- A webinar on problems faced by your audience
- A specific direct call-to-action like "call us" or "get a demo"

Platforms

A platform is the method that you reach your audience. Examples include:

- Google AdWords
- Organic Search
- A Trade Show

Average cost per MQL that came through AdWords for Get a Demo

21 | \$70

Number of Get a Demo eBook MQLs that came through AdWords

You then create a matrix showing costs/results based on Campaign + Platform. Like:

- "Get a Demo" promoted on AdWords
- Webinar for Cardiologists promoted on LinkedIn
- Solution 101 eBook promoted on Physicians Practice eBlast

	AdWords	LinkedIn	Email Blast	Platform 4	Total MQLs per campaign	Cost per campaign	Average cost per MQL per Campaign
Get a Demo	21 \$70	45 \$20		60 \$70	221	\$13,417	\$61
Solution 101	84 \$70	10 \$19	61 \$82		173	\$13,404	\$77
Webinar		6 \$131			24	\$6,063	\$253
Calculator		1 \$58			10	\$325	\$32
White Paper	1 \$70				1	\$70	\$70
Total MQLs per platform	106	62	61	60	429		
Cost per platform	\$7,420	\$2,060	\$5,000	\$4,200		\$36,093	
Cost per MQL per platform	\$70	\$33	\$82	\$70			\$84

Total MQLs

Total Media Spend

Avg Cost Per MQL

Organizing your data in this way allows you to easily see what topics doctors are responding to and the platforms that are working for which messages. From here, you can do more nuanced and multi-touch analysis like understanding which campaigns are most effective at finding net new leads, which are better at pushing doctors through the funnel, and which bring in the "hottest" leads that will have an immediate impact on this quarter's sales.

In our experience, leads that come through AdWords or similar "bottom-of-the-funnel" campaigns have the most immediate impact and are the easiest to track. However, they tend to be much more expensive in the long run compared to top-of-funnel leads, especially if you have an effective lead nurture and sales handoff program.

Wow — That's a Lot

It is – marketing to doctors is no easy feat. It requires a lot of creativity, writing, and optimizing to figure out what works for your specific product. We wish there was an easy “one-size-fits-all” answer, but if there was, you probably wouldn’t be here.

If all of this seems overwhelming or too much work – we can help.

Our agency provides start-to-finish content and lead generation for organizations trying to reach doctors and hospitals. We do everything:

- Develop Strategy
- Write content like eBooks/white papers
- Create direct sell campaigns
- Build landing pages and banner ads
- Plan and place ad buys
- Install and monitor extensive analytics packages
- Report, analyze, & optimize



Our core services cost between \$10-25K per month, plus media buys. We're best suited to companies with complex products/services and/or average annual transaction values of \$10K+ or more.

If you're interested in see what we can do for you:



Give us a call at
(415) 663-7826



Send us an email at
rich@glasscanopy.com



[Get in touch](#)