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### Executive Summary: Group C Strategy

#### Vision

Achieve maximum coverage of medical representative and physician interaction.

The project aims to bridge the gap between on-the-ground marketing representatives and the physicians who make our customer base. The well known problem is that physicians have little time or interest in speaking to our representatives, and our representatives spend a huge amount of time trying to get their ear. Upon completion, this product will both increase awareness and interest in our brand with our customers, and make it easier for our representatives to have meaningful face-time with them.

The explosive growth and diversity of mobile devices is impossible to ignore in our industry of direct marketing contact. This, combined with the inability of medical professionals to meet our in-person marketing requirements drive the mobile marketing strategy. In the technically-inclined industry our customers occupy, the team considered options to maximize brand awareness and utilize personnel in the most effective possible way. Connecting with the customer base via a tool available literally anywhere on the planet, on devices they already own, is far and away the most cost-effective and far-reaching strategy available among those considered.

Using always-online or always-available objects as a conduit for our product message makes more sense than traditional methods of contact. This project would not be under consideration if management did not already believe this is true. Consequently we will begin to change the relationship from one where we push product information, to one where physicians CHOOSE to pull it down. Augmenting this is the ability for our representatives to schedule appointments, answer questions and chat with physicians without traveling throughout the region to do so. This works hand-in-hand with existing marketing methods to provide a thorough saturation of product data to our target audience, increasing market share without significant increase in cost.

All this is achieved through our dominance in 4 key areas:

* Market-leading online presence
* Highest level of technical excelence
* Maximum representative/physician exposure
* Otherwise superior physician interaction/experience

The success of this project relies on proper training, development and strict adherence to a rigid timeline set by our position, ambition and competition.

### Group C Strategic Direction

**Long Term Strategies**

* **Become exclusive resource for physician/rep scheduling and information.**
* **Increase market share to market dominance.**
* **Decrease marketing representative downtime to 0%.**
* **Reach and engage the maximum number of doctors in every city in the country.**
* **Increase digital engagement to surpass physical medical representative interactions.**

**Short Term Strategies**

* **Provide a resource to enable physician/representative scheduling and interaction.**
* **Reduce travel time necessary for medical representatives to visit multiple physicians in one trip.**
* **Increase exposure of our medicine among physicians within our market.**
* **Engage and educate physicians about the new product.**
* **Alert physicians of new products, research and other marketing material.**
* **Gather trend information based on user (physician) interaction with the product.**
* **Retrain medical representatives and marketing to make effective use of the platform.**

**Purpose**

By building exposure of marketing representatives both face-to-face and online with physician customers, we will increase product awareness (and revenue), decrease representative down-time, decrease representative-travel time, and increase overall brand awareness.

### Business Driver

### Current failure to sufficiently influence customers via marketing representatives, due largely to the inability to get face time with physicians, instructs this process and project.

### Scope

Analysis of DoctorConnect by members of Team Group C have identified critical areas within the scope, and areas without. These points are enumerated below:

**In Scope**

* Physicians within our market
* Sales representatives
* Marketing agents
* R&D contact personnel

#### Out of Scope

* Marketing functions
* Product development
* Patient information

**Future State**

Internet-connected devices appear to be on a path toward ubiquity and adoption within all corners of society. In an industry filled with early-adopters, it is critical to have a product capable of meeting the needs of these future devices, and this vision drives the overall strategy. By adopting a mobile strategy, we position ourselves for extremely high coverage on any foreseeable device with a screen, and enable extreme agility for unforeseen technical developments. The risks for deployment are extremely low, as the sector is a proven, yet still fertile, arena of technical innovation, allowing for an easy product pivot into an unknowable future.

**3 Year Strategic Horizon**

* Utilize existing hardware already in the hands of customers exclusively.
* Analyze technology trends to stay prepared when technical focus shifts.
* Provide customers with industry-leading access to brand product information.
* Make all physician-marketing appointments schedule via the technical solution.
* Engage physicians in R&D effort by pushing research findings, where applicable.
* Provide per-physician marketing and trend data to roving representatives.
* Enable remote, personal connections via video platform.
* Engage multiple client physicians at once via online seminars.

**Near Term Implications & Actions**

* Increase customer marketing engagement via mobile solution.
* Increase travel efficiency of representatives with improved physician scheduling.
* Define capability requirements and evince a source for architecture, support, development and training for mobile solution.

### Strategic Roadmap

* Phase 1 - 12 months
  + Phase 1-A
    - Establish criteria with stakeholders
    - Form Project Feasibility & Action Committee (PFAC)
    - Collect critical function data from existing human resources
  + Phase 1-B
    - PFAC Begins solution option exploration
    - Centralize records of customers/medicines/locations
  + Phase 1-C,D
    - PFAC Presents mature solution plans to Board members.
    - Board of Directors approves a solution.
* Phase 2 - 2 years
  + Phase 2-A (1-6 months)
    - PFAC interfaces with Solution Vendor (SV) to ensure design correctness
    - PFAC presents to stakeholders & BoD.
    - Any changes are sent back to SV.
  + Phase 2-B,C (6-12 months)
    - PFAC continues to work with SV during main-phase development.
    - Early testing begins within the company
  + Phase 2-D (6 months)
    - Employee retraining
    - Power user training
    - Marketing efforts.
* Phase 3
  + Product launch

### Risks and issues

The proposed project is limited by the adoption rate of our clientele, the ability of our solution provider, and the adaptability of our network of on-the-ground representatives. Failure to perform in any of these three areas will slow down progress for all, and requires careful planning.

Poor design and/or implementation of the key elements, scheduling and communication, can lead to disastrous misuse of human resources. Representatives have very little time to communicate the brand message, in the best case scenario. A single miscommunication or schedule conflict in the current system can waste a huge portion of productive time, and company resources.

Furthermore, any online solution puts an emphasis on look, feel, usability and usefulness. Failing in any of these areas will reflect poorly and has potential to damage the brand.

Conversely, failure to utilize the online space opens the door to both competition filling the need first, and criticism for NOT entering this commercial space, and make the brand look old-fashioned. Essentially, this means doing nothing will have a negative effect.

### Glossary, Acronyms, and Abbreviations

TBA