RETAILMYMEDS

Intelligence Hub

Quick Start Guide

How to use the dashboard to find, qualify, and convert pharmacy prospects

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What the Intelligence Hub Does

The Intelligence Hub is a pharmacy prospecting dashboard built on **33,185 independent community pharmacies** across 51 states. Every pharmacy is scored, graded, and enriched with federal market data. It replaces guesswork with targeting — your team knows which pharmacies need RMM most and why before they pick up the phone.

Without the Hub, outreach means working referrals one at a time, cold-calling from directories, or buying lists with no market context. With it:

- **Sales efficiency** — Every call is to a pharmacy the data says has the problem RMM solves. A scored, prioritized list converts at a higher rate than an alphabetical directory.

- **Market intelligence** — See the entire independent pharmacy landscape at once. Answer "where should we expand next" with data, not gut feel.

- **Customer retention** — Cross-reference existing RMM customers against the database. Show each one their market conditions. A pharmacy owner seeing their HPSA status, diabetes burden, and estimated GLP-1 loss has a reason to stay and use the platform more actively.

- **Credibility** — Pull up any pharmacy's data in real time. Every number traces to a federal source (CMS, CDC, Census, HRSA, USDA). That's intelligence, not a sales pitch.

- **Scale** — One person with this tool qualifies more pharmacies in an afternoon than a team of five can in a week of manual research.

Daily Workflow

Morning: Pull Today's Call List

Open the Intel Hub. Pick a state. Filter to Grade A. Export the top 20–30 as CSV. That's today's outreach. Every row has owner name, phone number, and market data.

Before Each Call: 30-Second Prep

Search the pharmacy in the Hub. Read the intelligence report. Note the key talking points — "Your ZIP has 20% diabetes prevalence, you're in a HPSA, estimated $28K annual GLP-1 loss." The rep walks into the call sounding like they did an hour of research. They did 30 seconds.

During the Call: Lead With Their Pain

"We work with independent pharmacies losing money on GLP-1 fills. Based on federal data for your market, pharmacies in your area are estimated to lose $28,000 a year on GLP-1 reimbursement alone. Is that consistent with what you're seeing?"

The pharmacy owner either confirms or corrects — either way, you're in a real conversation, not a cold pitch.

After the Call: Log and Move

Mark the pharmacy in the CRM (the CSV import has NPI as a unique key). Move to the next one. The Hub already told you who to call next — sorted by score.

Planning Cadence

Weekly: State-Level Planning

Review the state table. Which states have the highest Grade A concentration that the team hasn't touched yet? West Virginia is 84.5% Grade A — nearly every pharmacy there is high-priority. Ohio is 59.2%. Target the states with the densest opportunity.

Monthly: Cross-Reference Customers

Upload the current RMM customer list. Match against the database. Two outputs:

1. **Existing customers + their market data** — re-engage underutilizers by showing them what they're sitting on.

2. **The gap** — Grade A pharmacies in states where RMM already has customers but hasn't reached the neighbors. Warmest possible cold calls.

Metric	Value
Total pharmacies in database	33,185
Grade A (Immediate Outreach)	4,978
Grade B (High Priority)	8,296
States covered	51
HPSA designation rate	91.8%
Federal data sources	6
CRM-ready CSV exports	Per state, per grade

BOTTOM LINE

The pattern is: **find, prep, call, convert, repeat.** The Intelligence Hub handles the first two steps so the team spends all their time on the last three. It turns a $275/month SaaS product into a data-driven outreach operation that knows which pharmacies need it most and why.