

**FREE EBOOK**

From List to Pipeline

A 90-Day Multi-Channel Launch Plan for Healthcare Campaigns

WRITTEN BY

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ABOUT THIS EBOOK

This MedicalProspects eBook turns a verified healthcare contact list into a 90-day multi-channel campaign. It starts with a readiness checklist, adds channels in a deliberate order across three 30-day phases, and includes first-touch email templates for clinicians, executives and IT leaders plus the metrics and targets to track.



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This publication is for general information. It is not legal advice; regulations change and vary by jurisdiction, so confirm how they apply to your campaigns with qualified counsel. Statistics are cited to their sources in the Sources section; examples marked illustrative are hypothetical.

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AT A GLANCE

The short version

This MedicalProspects eBook turns a verified healthcare contact list into a 90-day multi-channel campaign. It starts with a readiness checklist, adds channels in a deliberate order across three 30-day phases, and includes first-touch email templates for clinicians, executives and IT leaders plus the metrics and targets to track.

KEY TAKEAWAYS

- **Prepare before day 1:** sending infrastructure, CRM fields, approved content and account tiers.
- **Days 1-30** protect sender reputation with a gradual ramp and test messages per segment.
- **Days 31-60** add direct mail, phone, LinkedIn and events where each works best.
- **Days 61-90** focus effort on what works, re-engage warm contacts and hand off to sales.
- **Three ready-to-adapt templates** for clinicians, hospital executives and IT leaders.
- **Judge results on meetings and pipeline**, with targets set from your own first 30 days.

INTRODUCTION



The List Is the Starting Line

A verified healthcare contact list does not create pipeline by itself. What turns contacts into meetings is a plan: the right channels, in the right order, for 90 days, with each step building on the one before it.

IN THIS CHAPTER

- How the chapters fit together

Too many healthcare campaigns follow the same pattern. A team buys a list, loads it into an email tool, sends three emails in two weeks, gets disappointing results and blames the data. A clinician or hospital executive rarely responds to the first message. They respond when they have seen your name in their inbox, in their mail, at a conference and from a peer, and your message arrives when they are ready.

This eBook is a 90-day launch plan for healthcare marketing and sales teams at MedTech, pharma, HealthTech and services companies. It covers:

- **A readiness checklist** to complete before the first send
- **A 90-day plan** across email, direct mail, phone, LinkedIn and events
- **Phase-by-phase detail** for each 30-day block
- **Email templates** written for clinicians, executives and IT leaders
- **The metrics to track**, and how to set targets from your own results

90 days

one plan across six channels and three phases

5 touches

a typical email sequence over about 3.5 weeks

5,000

messages a day to Gmail is where stricter sender rules begin

Google sender guidelines¹

0.3%

the spam-complaint ceiling Google sets for senders

Google sender guidelines¹

The plan assumes you have a verified list built around a clear segment. If you are not there yet, start with our Healthcare Email List Buyer's Playbook and Specialty Targeting Playbook.

How the chapters fit together

- **Chapters 1-2** get you ready and show the whole plan on one page.
- **Chapters 3-5** walk through each 30-day phase.
- **Chapter 6** covers the channels beyond email in detail: direct mail, phone, LinkedIn and events.
- **Chapter 7** gives you email templates by role.
- **Chapter 8** covers metrics and targets, including the funnel maths.
- **Chapter 9** helps you troubleshoot when results are below plan.

Before Day 1, a Readiness Checklist

Most campaign problems are set up before the first email is sent. Spend the week before launch on these four areas.

IN THIS CHAPTER

- Sending infrastructure
- Data and CRM
- Content
- Compliance
- Team

Sending infrastructure

- ☐ Send cold outreach from a dedicated subdomain or secondary domain, not your main corporate domain
- ☐ Set up SPF, DKIM and DMARC authentication; major mailbox providers require them for bulk senders
- ☐ Add one-click unsubscribe to marketing emails
- ☐ Plan a gradual volume ramp for any new domain or sending address (see Chapter 3)
- ☐ Register with your mailbox providers' postmaster tools to monitor spam complaints and reputation

Data and CRM

- ☐ Load the list with every field you will segment on: specialty, role, facility type, NPI, health system
- ☐ Suppress current customers, open opportunities, competitors and all past opt-outs
- ☐ Map contacts to accounts, so outreach to one hospital can be coordinated across roles

- ☐ Agree how sales will be alerted when a contact replies, clicks a key page or books a meeting

Content

- ☐ One core offer per segment, such as an assessment, a clinical summary, a demo or an event invitation
- ☐ Messages for each role (Chapter 6), approved by medical, legal and regulatory review where required
- ☐ A landing page per offer, with the same message as the email
- ☐ A direct mail piece and a short phone script for the top-tier accounts

Compliance

- ☐ Opt-outs sync across email, phone and agency tools
- ☐ Every first-touch email carries a postal address and a data-source notice
- ☐ Phone and text rules checked with compliance (see our Compliant Healthcare Outreach Handbook)

Team

- ☐ Named owners for each channel
- ☐ Account tiers agreed: which accounts get the full multi-channel plan and which get email only
- ☐ A weekly 30-minute review meeting booked for all 13 weeks

WORKSHEET • LAUNCH READINESS

Complete before the first send.

1. Segment and offer for the first 30 days:

2. Sending domain, and the date authentication was confirmed:

3. Top-tier accounts selected for the full plan:

4. Owner for each channel:

5. Target for meetings by day 90, and how you derived it:

KEY TAKEAWAYS

- Most campaign problems are set up before the first send: infrastructure, data, content, compliance and team.
- Use a dedicated sending subdomain and authenticate it first.
- Agree account tiers and channel owners before day 1.

The 90 Days at a Glance

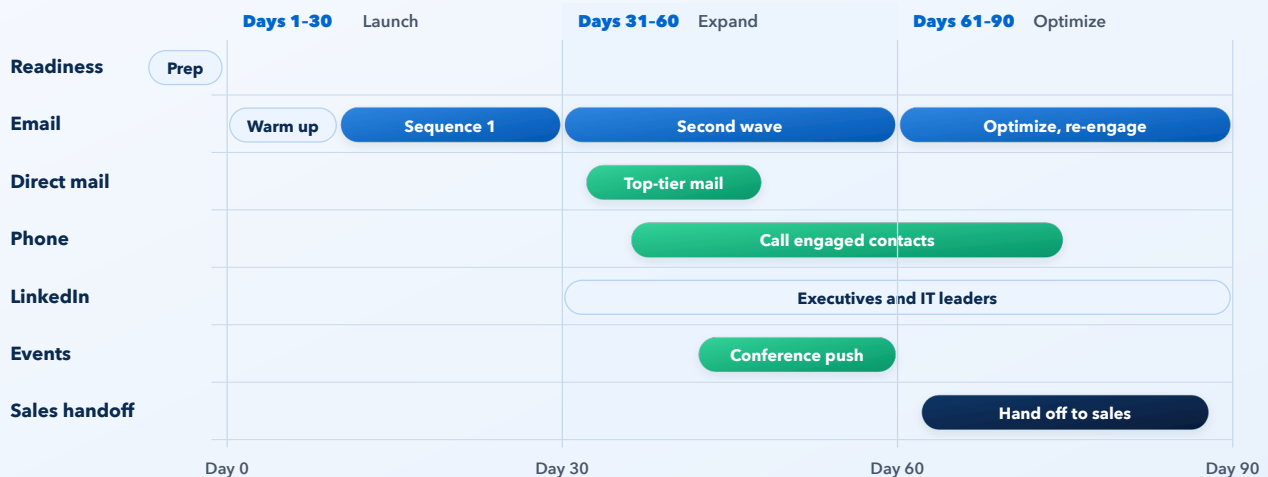
The plan adds channels in a deliberate order. Email builds awareness and sender reputation first, direct mail, phone, LinkedIn and events then turn that awareness into conversations, and the last month focuses effort and hands warm accounts to sales.

IN THIS CHAPTER

- Three account tiers

Channels are added in order, each building on the last

90-day multi-channel launch plan · day 0 = first send



The 90-day launch plan across six channels and three phases

Not every account gets every channel. Use the full plan for top-tier accounts with the best fit. Lower tiers get the email sequences and an invitation to events. That keeps expensive channels, such as direct mail and rep

calls, focused where they pay off.

Adjust the timing around your calendar. If a major specialty conference falls in month one, move the event push forward and start the email sequence earlier.

Three account tiers

Tier	Who	Channels	Effort
Tier 1	Best-fit accounts with a clear committee and likely need	Email, direct mail, phone, LinkedIn, events, sales follow-up	Account plan and weekly review
Tier 2	Good-fit accounts or segments	Email sequences, event invitation, phone for engaged contacts	Segment-level review
Tier 3	Lower-fit or unproven segments	Email only, then nurture	Monthly review



SPEND WHERE IT PAYS

Direct mail and rep calls cost real money per contact. Reserve them for Tier 1 and for Tier 2 contacts who have already engaged.

Days 1–30, Warm Up and Launch

The first month protects your sender reputation and finds out which messages work. Start small and increase volume only when results are clean.

IN THIS CHAPTER

- Week 1–2: Warm up and test
- Week 3–4: Launch the full email sequence
- A warm-up schedule for a new sending domain
- Top-tier accounts

Week 1–2: Warm up and test

- **Start with your best segment.** Send first to your highest-fit, highest-quality contacts. Good early engagement builds sender reputation.
- **Ramp volume gradually.** On a new domain or address, start with a small daily volume and raise it each week while bounce and complaint rates stay low.
- **Test two messages per segment.** Change one thing at a time: the subject line, the offer or the opening line.
- **Watch every reply.** "Wrong person" and "no longer here" replies show data or targeting problems early. Send them back to your data provider for replacement.

Week 3–4: Launch the full email sequence

A typical clinician or executive sequence runs four to five touches over three to four weeks:

Touch	Timing	Purpose
1	Day 1	Name their problem and offer one useful resource
2	Day 4-5	A peer example from their specialty or type of organization
3	Day 10	A different angle, such as evidence, cost or workflow
4	Day 17	A low-effort ask: "Is this a priority this year?"
5	Day 24	A polite close that leaves the door open

A warm-up schedule for a new sending domain

Week	Daily volume (illustrative)	What to watch
1	Small: your best-fit contacts only	Bounces below 2%, no complaints
2	Double the volume if week 1 was clean	Replies, wrong-person notices
3	Add the full first-touch segment gradually	Complaint rate, spam-folder placement
4	Full planned volume	Keep complaints well below 0.3% ¹

Increase only when results are clean, and pause if bounces or complaints rise. Google's rules apply once you send more than 5,000 messages a day to Gmail accounts, but they are a good standard at any volume.¹

Top-tier accounts

For the accounts most likely to buy, start account mapping now. Identify each committee role and plan the multi-channel steps for days 31-60.

KEY TAKEAWAYS

- Month one protects sender reputation and finds the messages that work.
- Start with your best segment and ramp volume gradually.
- Send every reply that says "wrong person" back to your data provider.

Days 31–60, Add Channels and Events

The second month turns email awareness into conversations. Add channels where they work best: direct mail and phone for top-tier accounts, LinkedIn for executives and IT leaders, and events for clinicians.

IN THIS CHAPTER

- Direct mail
- Phone
- LinkedIn
- Events
- Second email wave

Direct mail

Direct mail stands out in healthcare because clinicians and executives receive far less of it than email. Use it for top-tier accounts only.

- Send a short, useful piece: a one-page clinical summary, a benchmark report or an event invitation
- Time it to arrive a few days before a phone call or email that refers to it
- Use the verified mailing address, and suppress anyone who has opted out of any channel

Phone

- Call contacts who opened or clicked but did not reply
- Refer to something specific they have already seen
- Use manual dialing to business lines, and follow the phone rules in our Compliant Healthcare Outreach Handbook

LinkedIn

- Connect with executives and IT leaders who have engaged by email, with a personal note
- Share useful content rather than sending sales messages
- Do not use automation tools that break LinkedIn's terms

Events

Conferences are one of the best chances to meet clinicians in person. Use the weeks before a major specialty meeting to:

- Invite your segment to your booth, a dinner symposium or a scheduled meeting
- Send a reminder during the event
- Follow up within a week with a reference to the event

The MedicalProspects Event Audience Builder helps you build a pre-event audience for a specific conference.

Second email wave

Contacts who did not respond in the first month get a new sequence with a different offer. Do not repeat the first sequence.



COORDINATING THREE CHANNELS FOR ONE ACCOUNT (ILLUSTRATIVE)

Day 31: a one-page clinical summary arrives by post at a Tier 1 hospital. Day 34: an email refers to the mailer and offers a short call. Day 36: a rep calls the contact who opened the email. Day 40: the cardiology chief accepts a connection on LinkedIn. Each touch refers to the one before it, so no channel feels like a cold start.

KEY TAKEAWAYS

- Month two turns awareness into conversations by adding channels in order.
- Direct mail and phone go to Tier 1 and to engaged contacts only.
- Each touch should refer to the last one.

Days 61-90, Optimize and Hand Off

The third month puts more effort behind what worked, stops what did not and leaves sales with a clear set of active conversations.

IN THIS CHAPTER

- Optimize
- Hand off
- Re-engage
- Day-90 review agenda

Optimize

- **Rank segments by meetings per 1,000 contacts**, not by open rate. Put more effort into the top segments.
- **Retire weak messages.** Keep the two best-performing messages per segment and write one new challenger.
- **Check data quality.** Compare bounce and wrong-person rates by segment. Report problems to your data provider for replacement.

Re-engage

- Contacts who engaged but did not book a meeting get a final, specific offer, such as a peer call or a short assessment.
- Contacts who never engaged move to a quarterly newsletter or nurture track. Continued cold outreach to them hurts your sender reputation.

Hand off

- Every meeting and engaged account is assigned to a named rep, with the conversation history attached
- Top-tier accounts get an account plan based on their committee map
- Agree what happens on day 91: which segments go into a second 90-day cycle, and with what changes

KEY TAKEAWAYS

- Month three puts effort behind what worked and stops what did not.
- Rank segments by meetings per 1,000 contacts, not by open rate.
- Hand off every active account with the full conversation history.

Day-90 review agenda

1. Results against targets, by segment and channel
2. Pipeline created and its expected value
3. What we learned about messages, offers and timing
4. Data quality issues and how they were fixed
5. Plan for the next 90 days

Channel Playbooks: Mail, Phone, LinkedIn and Events

Chapter 4 introduced the extra channels. This chapter shows how to run each one well.

IN THIS CHAPTER

- Direct mail
- Phone
- LinkedIn
- Events

Direct mail

Piece	When it works	Cost control
One-page clinical or operational summary	Tier 1 clinicians and department heads	Print on demand; send to engaged contacts only
Benchmark or research report	Executives and finance leaders	Digital first; mail a printed copy to Tier 1
Event invitation	Specialists in the conference city	Send three to four weeks before the event

Always include a clear next step: a short URL, a QR code or a name to reply to.

Phone

- 1. Prepare:** read the contact's record and the emails they have opened.
- 2. Open with a reference:** "I sent you a short summary last week about [topic]."

3. **Ask one question:** about their situation, not your product.
4. **Offer a small next step:** a summary, a short call or an introduction to the right person.
5. **Log everything:** outcome, next step and any new contacts mentioned.

! MOBILE NUMBERS NEED CONSENT

Automated dialing and texting to mobile numbers generally needs prior express written consent. Dial manually and check the phone rules with compliance before you scale.

LinkedIn

- Connect with a personal note that names what you have in common or something specific you shared.
- Comment thoughtfully on their posts before you message.
- Share useful content, such as a clinical summary or a webinar, rather than a pitch.
- Never use automation tools that break LinkedIn's terms.

Events

Stage	Action
Four weeks before	Build the attendee-area audience; send invitations
One week before	Send a reminder with a specific meeting slot
During	Follow up with people who engaged; host short meetings
Within a week after	Send a follow-up that refers to the event and offers one useful resource

KEY TAKEAWAYS

- Each channel has a specific job: mail gets attention, phone starts conversations, LinkedIn builds familiarity, events create meetings.
- Prepare each call from the contact's engagement history.
- Follow every event within a week.

Email Templates by Role

These first-touch templates follow the same rules: name the reader's world in the first line, offer one useful thing, and make the ask small. Replace everything in brackets, and route clinical claims through your review process.

IN THIS CHAPTER

- For a clinician (specialist)
- For an IT leader (CIO, CISO or CMIO)
- For a hospital executive (CFO or COO)
- Why these work

For a clinician (specialist)

Subject: [Procedure] cases and [specific constraint]

Dr. [Last name],

For [specialty] teams running [procedure], [specific constraint, e.g., lab time per case] decides how many patients you can treat each week.

We put together a one-page summary of how [peer type, e.g., a community EP program] approached it, including the [outcome measure] they tracked.

Would it be useful if I sent it over?

[Name], [Title], [Company]

[Postal address] · [Data-source notice] · [Unsubscribe]

For a hospital executive (CFO or COO)

Subject: [Cost or capacity problem] at [type of organization]

[First name],

Health systems of [Organization]'s size are under pressure on [specific problem, e.g., denied claims or OR utilization].

[Peer organization type] reduced [measure] by [result from your evidence] within [timeframe]. The model, with assumptions, is two pages.

Worth 15 minutes in the next few weeks, or should I send the model first?

[Name], [Title], [Company]

[Postal address] · [Data-source notice] · [Unsubscribe]

For an IT leader (CIO, CISO or CMIO)

Subject: [Product category] on [their EHR or platform]

[First name],

Teams running [their EHR or platform] usually ask two things about [product category]: how it connects and how it is secured.

I have attached our integration overview and security summary, so your team can review them before any conversation.

If it is relevant this year, who on your team should see it?

[Name], [Title], [Company]

[Postal address] · [Data-source notice] · [Unsubscribe]

Why these work

- **The subject line names their world**, not your product.
- **The ask is small**: a summary, a model or a referral, not a 45-minute demo.
- **Technology context** (their EHR or platform) comes from technology data, which makes the email relevant on the first line.

Metrics, Funnel Maths and Targets

Track a few metrics weekly and judge the campaign on meetings and pipeline, not opens. Open rates have become unreliable because many email clients load images automatically, so treat them as a rough signal at most.

IN THIS CHAPTER

- Health metrics (check weekly)
- Results metrics (review every two weeks)
- The funnel, worked backwards
- Setting your own targets

Health metrics (check weekly)

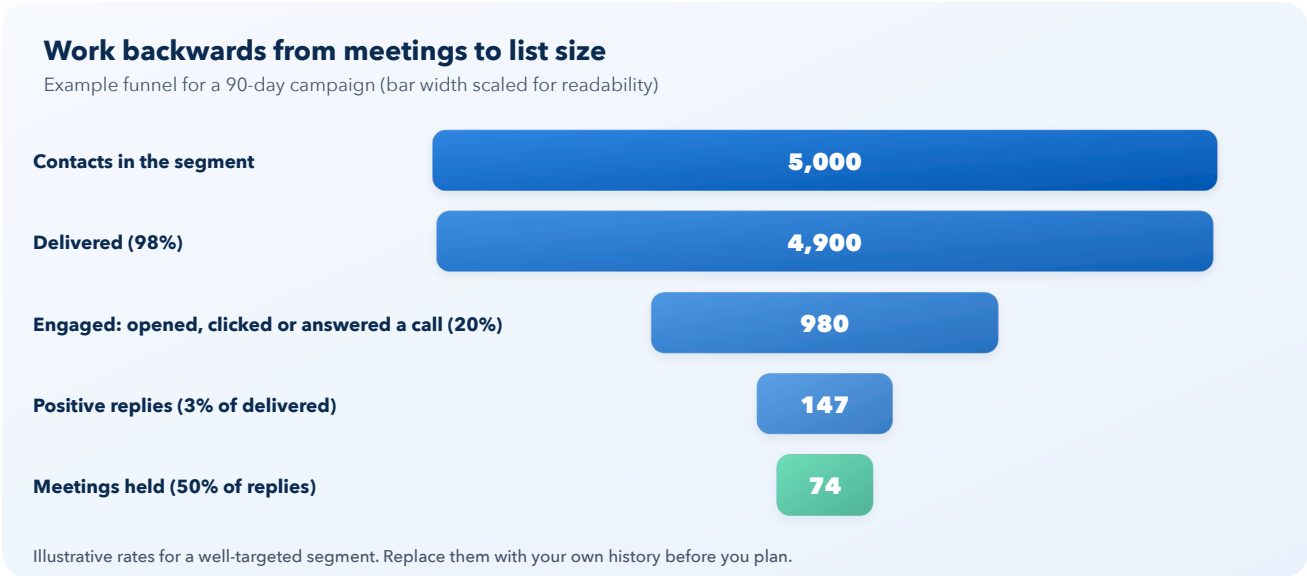
Metric	Why it matters	Action threshold
Hard bounce rate	Protects sender reputation	Investigate any segment above 2%
Spam complaint rate	Mailbox providers filter senders with high complaint rates	Keep well below 0.3%, ideally under 0.1%
Unsubscribe rate	Shows relevance problems	Rising rate in one segment: review targeting and message
Wrong-person replies	Shows data or targeting problems	Report to your data provider; check the segment definition

The spam complaint thresholds reflect Google's sender guidelines.¹

Results metrics (review every two weeks)

Metric	Why it matters
Positive reply rate by segment	The best early sign that the message fits
Meetings per 1,000 contacts	Compares segments fairly, whatever their size
Accounts with 2+ engaged roles	Shows progress toward the buying committee
Opportunities and pipeline value	The outcome that justifies the campaign
Cost per meeting	Compares channels and segments by efficiency

The funnel, worked backwards



Example funnel from contacts to meetings, using illustrative rates

Start with the number of meetings you need and work back to the contacts required. The rates in the figure are illustrative; replace them with your own after the first 30 days.

Step	Illustrative rate	Result on a 5,000-contact segment
Delivered	98%	4,900
Engaged (opened, clicked or took a call)	20% of delivered	980
Positive replies	3% of delivered	147
Meetings held	50% of replies	74

Setting your own targets

Targets vary too much across products, segments and offers for any published benchmark to apply. Set yours from your own results:

1. Use the first 30 days as your baseline for each segment.
2. Set day-60 and day-90 targets as improvements on that baseline.
3. Compare segments with each other, not with industry averages.
4. Work backwards from pipeline: $\text{meetings needed} = \text{pipeline goal} \div (\text{average deal value} \times \text{meeting-to-opportunity rate} \times \text{win rate})$.

WORKSHEET • YOUR TARGETS

Fill in after day 30, using your own baseline.

1. Meetings per 1,000 contacts, by segment:

2. Day-60 and day-90 target for each segment:

3. Pipeline goal and average deal value:

4. Meetings needed to reach the goal:

KEY TAKEAWAYS

- Track health metrics weekly and results metrics every two weeks.
- Judge the campaign on meetings and pipeline, not opens.
- Set targets from your own first-30-day baseline.

When Results Are Below Plan

Most campaigns hit a weak patch. Diagnose the cause before changing everything.

Symptom	Likely cause	First fix
High bounces	Stale or poorly verified data	Pause the segment; send bounces to your provider for replacement
Many "wrong person" replies	Segment or role definition too loose	Tighten specialty and role filters
Few opens and replies, low complaints	Message or subject line misses the audience	Test two new subject lines and openings
Replies but no meetings	The ask is too big or the offer too weak	Offer a smaller next step
Rising unsubscribes	Wrong audience or too many touches	Review targeting; shorten the sequence
Rising complaints	Relevance problem or missing one-click unsubscribe	Pause; fix targeting and opt-out
Meetings but no pipeline	Wrong role or no buying authority	Add roles from the committee map

★ **CHANGE ONE THING AT A TIME**

If you change the list, the message and the offer at once, you will not know which one helped. Fix the most likely cause first, run it for a week and read the result.

KEY TAKEAWAYS

- Match each symptom to its likely cause before you act.
- Fix data and targeting problems before rewriting messages.
- Change one variable at a time.

CONCLUSION



Ninety Days, One Plan

Pipeline comes from a sequence of well-timed touches across channels, aimed at a clearly defined segment and built on accurate data. Prepare before day 1, protect your sender reputation in month one, add channels in month two, and focus on what works in month three.

IN THIS CHAPTER

- Launch with MedicalProspects

Launch with MedicalProspects

Every channel in this plan depends on accurate contact data. MedicalProspects provides it:

- **Verified business emails** with a 99% deliverability guarantee and 1:1 hard-bounce replacement, to protect your sender reputation from the first send
- **Direct dials and verified mailing addresses** for phone and direct mail
- **LinkedIn profile URLs** for social outreach
- **NPI, specialty and health system affiliation** for precise segments and account mapping
- **Technology and intent data** to personalize messages and prioritize accounts
- **The Event Audience Builder** for conference campaigns, and the **Audience Estimator** to size each segment
- **Delivery in 24-48 hours**, re-verified monthly

Start with 20 free custom sample contacts for your first segment. Visit medicalprospects.com or email sales@medicalprospects.com.

APPENDIX A



Week-by-Week Checklist

Week	Focus	Must do
0	Readiness	Authenticate domain; load and suppress list; approve content
1-2	Warm up	Send to best segment; test two messages; review replies
3-4	Launch	Run full sequence; start account mapping for Tier 1
5-6	Add mail and phone	Send mailers; call engaged contacts
7-8	Add LinkedIn and events	Connect with executives; invite to event
9	Second wave	New offer to non-responders
10-11	Optimize	Rank segments; retire weak messages; check data quality
12	Re-engage	Final offer to engaged non-bookers; nurture the rest
13	Hand off	Assign reps; run day-90 review

APPENDIX B



Glossary

Term	Meaning
Multi-channel	Reaching the same audience through more than one channel
Tier 1 / 2 / 3	Account tiers that decide how many channels an account receives
Warm-up	Gradually increasing sending volume to build sender reputation
SPF, DKIM, DMARC	Email authentication standards that prove a message comes from you
Hard bounce	A permanent delivery failure, such as an address that does not exist
Spam complaint	A recipient marking your message as spam
Meeting rate	Meetings held divided by contacts reached
Suppression list	Contacts you must not email, call or mail
Account plan	A written plan for winning one account across its buying committee
Hand-off	Passing an engaged account from marketing to a named sales rep

REFERENCE

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ABOUT MEDICALPROSPECTS

MedicalProspects provides verified healthcare contact data for B2B marketing and sales teams: 425+ specialty, role and facility lists anchored to NPI and NUCC taxonomy data, re-verified monthly, with technology and buying-intent intelligence available on every audience. Teams use it to reach physicians, nurses, hospital executives, IT leaders, life sciences and payer decision-makers.

Get 20 free sample contacts built on your criteria.

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425+

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99%

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24-48h

delivery, re-verified monthly

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