



FREE EBOOK

The Specialty Targeting Playbook

Segmenting 425+ Medical Specialty Lists for Higher-Converting Campaigns

WRITTEN BY

John Britton

VP of Marketing, MedicalProspects

October 2026 Edition
MEDICALPROSPECTS.COM

The Specialty Targeting Playbook

Segmenting 425+ Medical Specialty Lists for Higher-Converting Campaigns

ABOUT THIS EBOOK

This MedicalProspects eBook shows why "physicians" is not an audience. It walks through the specialty hierarchy, five targeting dimensions and a three-ring method for grouping specialties by product fit, then gives five ready-made segment blueprints and a way to size and test each segment.



John Britton
VP of Marketing, MedicalProspects

John works with healthcare sales and marketing teams on precision targeting, campaign strategy, and audience intelligence solutions at MedicalProspects.

October 2026 Edition. © 2026 MedicalProspects, a DataInfoMetrix company. All rights reserved. You may share this ebook in full with attribution; excerpts may be quoted with a link to medicalprospects.com.

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.

MedicalProspects · 7901 4th St N, Ste 300, St. Petersburg, FL 33702 · sales@medicalprospects.com · medicalprospects.com

CONTENTS

What's inside

	INTRODUCTION	3
	"Physicians" Is Not an Audience	
01	CHAPTER	5
	Specialty, Subspecialty and Practice Setting	
02	CHAPTER	8
	The Five Targeting Dimensions	
03	CHAPTER	11
	Grouping Specialties by Product Fit	
04	CHAPTER	15
	Writing a Message for Each Segment	
05	CHAPTER	18
	Seven Ready-Made Segment Blueprints	
06	CHAPTER	21
	Beyond Physicians: Care Teams and Facilities	
07	CHAPTER	23
	Sizing and Testing Your Segments	
	CONCLUSION	26
	Smaller Lists, Better Campaigns	
A	APPENDIX A	28
	The Segment Brief	
B	APPENDIX B	29
	Glossary	
	REFERENCE	30
	Sources	

AT A GLANCE

The short version

This MedicalProspects eBook shows why "physicians" is not an audience. It walks through the specialty hierarchy, five targeting dimensions and a three-ring method for grouping specialties by product fit, then gives five ready-made segment blueprints and a way to size and test each segment.

KEY TAKEAWAYS

- **Target the level where the product is used:** 4,998 electrophysiologists, not all 40,704 cardiologists, for an ablation launch.
- **Five dimensions** turn a specialty into buyers: subspecialty, clinical focus, practice setting, buying authority and geography.
- **Specialty must come from taxonomy codes**, not self-reported job titles.
- **Core, adjacent and excluded rings** decide which specialties share a campaign and which never do.
- **Every segment gets its own message** naming the procedure, the constraint, the evidence and the buyer's role.
- **Size before you build** and test narrow segments against broad ones before scaling.

INTRODUCTION



"Physicians" Is Not an Audience

The fastest way to improve a healthcare campaign is usually a narrower audience, not a better subject line. A message written for everyone in medicine fits no one well. A message written for one subspecialty in one practice setting speaks to that clinician's daily work, and clinicians notice the difference within seconds.

IN THIS CHAPTER

- What this playbook covers

Clinicians are trained to filter. They receive vendor email every day and give each one a moment to prove it is relevant. A device pitch that ignores the procedures they perform, or a therapy message sent to a specialty that never prescribes it, is deleted on sight. It also teaches mailbox providers that your emails are unwanted, which hurts every campaign that follows.

1,032,365

active U.S. physicians in 2024, across every specialty

AAMC Physician Workforce Data ¹

3 levels

in the national provider taxonomy: grouping, classification and specialization

NUCC ²

40,704

cardiologists on MedicalProspects lists, October 2026

MedicalProspects

4,998

of them are cardiac electrophysiologists

MedicalProspects

That last pair is the whole argument in two numbers. A campaign for an ablation product that goes to every cardiologist reaches about eight times as many people as the electrophysiologists who actually perform ablation. The other seven in eight cost you budget, attention and sender reputation, and they will never buy.

What this playbook covers

- **Chapter 1** explains the specialty hierarchy and why taxonomy codes, not job titles, should define it.
- **Chapter 2** sets out five targeting dimensions that turn a specialty into a buying audience.
- **Chapter 3** shows how to group specialties by product fit using the three-ring method.
- **Chapter 4** covers writing a distinct message for each segment.
- **Chapter 5** gives seven ready-made segment blueprints.
- **Chapter 6** looks beyond physicians, to the care team and facility audiences that often decide adoption.
- **Chapter 7** covers sizing segments, testing them and reading the results.

The appendices add a one-page segment brief you can hand to any data vendor, and a glossary.

Specialty, Subspecialty and Practice Setting

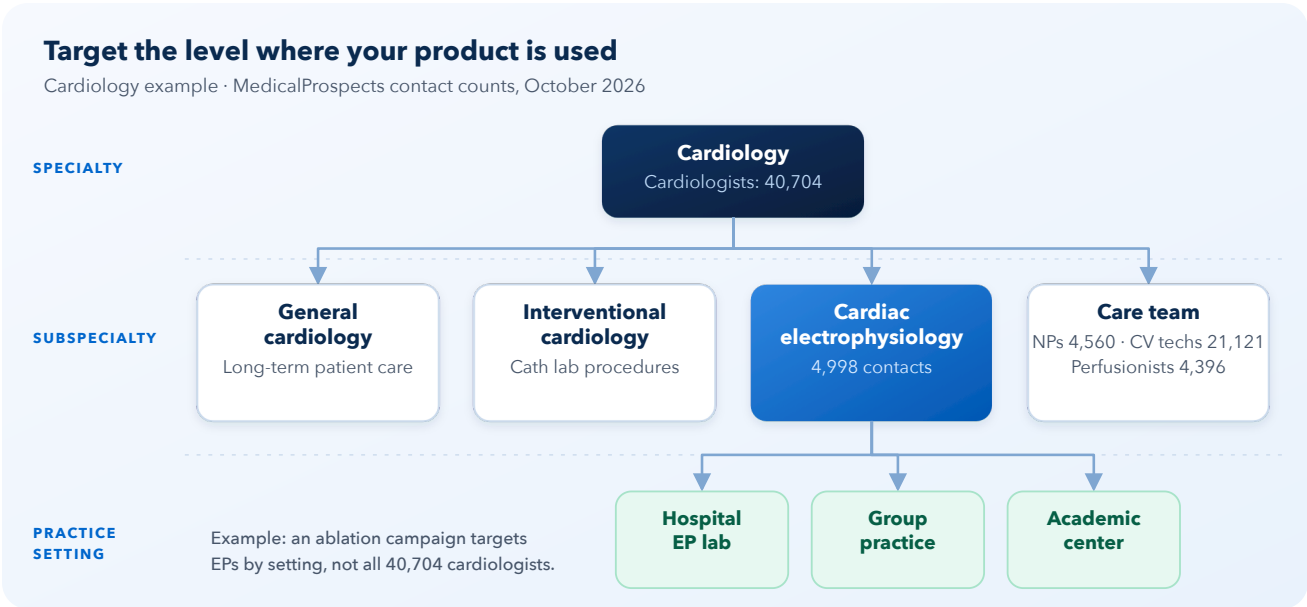
Every specialty breaks down into subspecialties that do different work, use different products and respond to different messages. Your audience starts at the level where your product is actually used, and that level is almost always below the specialty name.

IN THIS CHAPTER

- The hierarchy, using cardiology
- Practice setting changes everything
- Why taxonomy codes matter



The hierarchy, using cardiology



Cardiology targeting hierarchy: specialty, subspecialty, care team and practice setting

A general cardiologist manages patients over years. An interventional cardiologist works in the cath lab placing stents. An electrophysiologist treats heart rhythm disorders with ablation and implanted devices. A list labelled "cardiologists" mixes all three, and often the care team who support them.

MedicalProspects list	Contacts (October 2026)	Who they are
Cardiologists	40,704	The full specialty, all subspecialties
Cardiovascular technologists	21,121	Cath lab, echo and EP lab technical staff
Cardiac electrophysiologists	4,998	Rhythm specialists who perform ablation and device implants
Cardiology nurse practitioners	4,560	Advanced practice clinicians in cardiology practices
Cardiovascular perfusionists	4,396	Operate heart-lung machines during cardiac surgery

Each row is a different audience with a different job. A perfusion product belongs with the 4,396 perfusionists and the surgeons they work with. An echo workflow tool belongs with technologists and the cardiologists who read the studies. None of them belong on the same email.



Why taxonomy codes matter

Subspecialty is only reliable when it comes from a standard code, not a job title someone typed. A title can say "cardiology" for an internist working in a cardiology group, or "cardiologist" for an office manager whose signature lists the practice name.

The national standard is the Health Care Provider Taxonomy code set maintained by the National Uniform Claim Committee (NUCC). It has three levels, provider grouping, classification and area of specialization, and each code is ten characters long.² Providers select taxonomy codes when they register for a National Provider Identifier (NPI).

Level	Example	What it tells you
Provider grouping	Allopathic & Osteopathic Physicians	The broad type of provider
Classification	Internal Medicine	The specialty family
Area of specialization	Clinical Cardiac Electrophysiology (207RC0001X)	The subspecialty you actually target

★ ASK HOW SPECIALTY IS ASSIGNED

Before you buy any list, ask the vendor whether specialty comes from taxonomy codes and NPI data or from titles and keywords. Title-based lists quietly mix generalists into specialist segments, and the damage shows up as weak results that look like a messaging problem.

Practice setting changes everything

Specialty tells you what someone does. Practice setting tells you who buys. Nearly four in five U.S. physicians (77.6%) are now employed by hospitals, health systems or other corporate entities, and 58.5% of practices are owned by them.³ For a hospital-employed electrophysiologist, a purchase usually goes through a department chief, a value analysis committee and supply chain. For an electrophysiologist who co-owns an independent group, the physician may sign.

The same specialty in two settings is two audiences. Chapter 2 makes setting a formal targeting dimension.

KEY TAKEAWAYS

- Target the level where your product is used, usually the subspecialty, not the specialty.
- Use taxonomy-coded specialty data; titles mix generalists into specialist lists.
- Practice setting decides who signs, so treat each setting as a separate audience.

The Five Targeting Dimensions

Specialty is the starting point, not the whole audience. Five dimensions together turn a specialty into a group of people who can actually use and buy your product.

IN THIS CHAPTER

- How the dimensions work together
- Dimension 2 is where technology data helps
- Do not skip practice setting
- Role decides the message, not just the list

Dimension	The question it answers	Filters to use	Example
1. Specialty and subspecialty	What do they practise?	Taxonomy code, NPI, board certification	Cardiac electrophysiologists, not all cardiologists
2. Procedure and clinical focus	What do they do every day?	Subspecialty, facility capabilities, technology in use	Physicians at hospitals with an electrophysiology lab
3. Practice setting	Where do they work, and who buys?	Hospital, group practice, ASC, academic center, independent office	ASC-based orthopedic surgeons for outpatient joint products
4. Role and buying authority	Do they use, recommend or approve?	Title, department head, committee role, ownership	Practice owners for equipment; chiefs of service for hospital purchases
5. Geography and affiliation	Can your team reach and serve them?	State, metro area, health system affiliation	Clinicians in your sales territories, grouped by health system



How the dimensions work together

Each dimension narrows the audience. A general cardiology list becomes electrophysiologists (dimension 1), at hospitals with EP labs (2), in hospital-employed roles (3), plus the lab directors who run those labs (4), in your five territory states (5). The final list is a small fraction of the original, and almost everyone on it could buy.

NARROWING ONE AUDIENCE, STEP BY STEP (ILLUSTRATIVE)

Start: 40,704 cardiologists. Dimension 1 keeps the 4,998 electrophysiologists. Dimension 2 keeps those at facilities with an EP lab. Dimension 3 splits them into hospital-employed and independent groups, each with its own message. Dimension 4 adds EP lab directors and managers. Dimension 5 keeps your territory states. The exact counts depend on your filters; size them with your data provider before you build the campaign.

Dimension 2 is where technology data helps

Procedure focus is hard to infer from specialty alone. Facility-level data fills the gap: whether a hospital has an EP lab, a cath lab, a robotic surgery program or a particular imaging platform. If your product works with, replaces or competes with installed technology, add that filter. A message that names the system a hospital already runs earns more attention than one that doesn't.

Do not skip practice setting

An independent physician who owns the practice can approve a purchase. A hospital-employed physician of the same specialty usually recommends it to a department head or a value analysis committee. Same specialty, different buying process, so they need different messages and often different calls to action: "book a demo" for the owner, "share this evidence summary with your committee" for the employed physician.

Role decides the message, not just the list

Dimension 4 separates three kinds of people who may share a specialty:

- **Users** want workflow detail: setup time, ease of use, training.
- **Recommenders** want evidence they can defend to colleagues and committees.
- **Approvers** want cost, contract and return on investment.

A physician can be all three in a private practice and only one in a health system.

WORKSHEET • DEFINE YOUR FIVE DIMENSIONS

Fill this in before you request any counts or samples.

1. Specialty and subspecialty, with taxonomy codes if known:

2. Procedure, clinical focus or technology filter:

3. Practice settings to include, and which get separate messages:

4. Roles to include: users, recommenders, approvers:

5. Geography and health system affiliation:

KEY TAKEAWAYS

- Five dimensions turn a specialty into a buying audience: specialty, procedure, setting, role and geography.
- Technology and facility data reveal procedure focus that specialty alone cannot.
- Setting and role change the call to action, not just the list.

Grouping Specialties by Product Fit

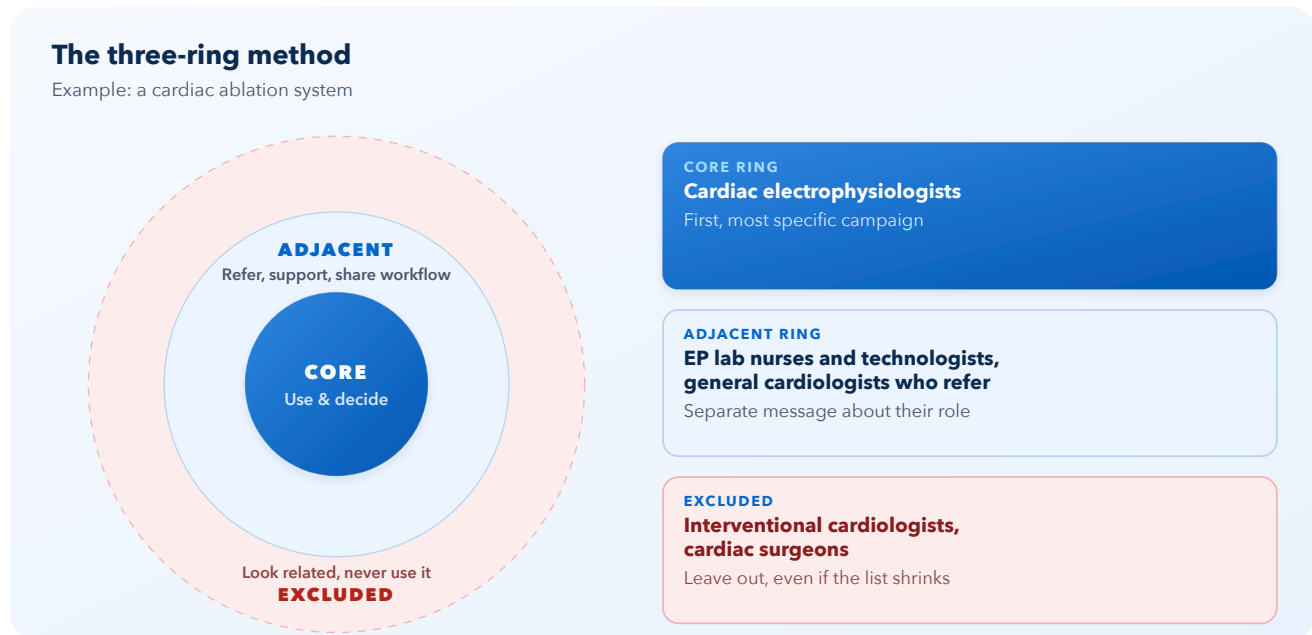
Group specialties by what they do with your product, not by how close they sit in a textbook. Two specialties belong in the same campaign only if they use your product the same way and respond to the same message.

IN THIS CHAPTER

- The three-ring method
- Example groupings
- How to decide which ring a specialty belongs in
- Never mix



The three-ring method



The three-ring method: core, adjacent and excluded specialties for a cardiac ablation system

- **Core ring:** specialties that use the product directly and decide or strongly influence the purchase. They get your first and most specific campaign.
- **Adjacent ring:** specialties that refer patients, support the procedure or share the workflow. They get a separate message about their role.
- **Excluded:** specialties that look related but never use the product. Leave them out, even if the list gets smaller.

Example groupings

Product type	Core ring	Adjacent ring	Exclude
Cardiac ablation system	Cardiac electrophysiologists	EP lab nurses and technologists, general cardiologists who refer	Interventional cardiologists, cardiac surgeons
Spinal implant	Spine surgeons, orthopedic and neurosurgical spine specialists	Pain management physicians, physiatrists who refer	Hand surgeons, foot and ankle surgeons
Oncology therapy	Medical and hematology oncologists	Oncology pharmacists, oncology nurse navigators	Radiation oncologists, unless the therapy is combined with radiation

Product type	Core ring	Adjacent ring	Exclude
Dermatology laser	Dermatologists, Mohs and dermatologic surgeons	Plastic surgeons, medical spa directors	Dermatopathologists
Sleep diagnostics	Sleep medicine specialists	Pulmonologists, neurologists, primary care physicians who refer	Anesthesiologists
Imaging AI software	Radiologists, imaging directors	Interventional radiologists, CMIOs, radiology IT	Radiologic technologists as buyers (include them as users only)

How to decide which ring a specialty belongs in

Ask three questions about each candidate specialty:

- 1. Does this specialty perform the procedure or make the decision my product supports?** If yes, it is core.
- 2. Does it send patients to, or work alongside, the core specialty on that procedure?** If yes, it is adjacent.
- 3. Would a typical member recognise the problem my product solves from their own week?** If no, exclude it, however related the name sounds.

Sleep diagnostics shows why the third question matters. MedicalProspects lists 3,017 sleep medicine specialists, 6,587 pulmonologists and 13,349 neurologists. The pulmonologists and neurologists outnumber the core ring, but most of them refer sleep studies rather than run them. Put them in the core campaign and the message about running a sleep lab misses most of its readers.

Never mix

Keep specialties with different clinical goals in separate campaigns, even when one product serves them all. A diagnostics company selling to both cardiologists and oncologists needs two campaigns. Each group must see its own patients, procedures and outcome measures in the message.

! THE "RELATED SPECIALTY" TRAP

Names mislead. Interventional cardiologists and electrophysiologists both work in procedure labs and both carry "cardiology" in their title, but they treat different conditions with different devices. Use what people do, not what they are called.

KEY TAKEAWAYS

- Sort every candidate specialty into core, adjacent or excluded before you build a list.
- Adjacent rings get their own message about their role, never the core message.
- Excluding a specialty that looks related usually improves results more than adding volume.

Writing a Message for Each Segment

A segment is only worth building if it gets its own message. The test is simple: could this email be sent unchanged to a different specialty? If yes, it is not specific enough.

IN THIS CHAPTER

- Four things every specialty message should name
- One product, three messages
- What each audience counts as evidence
- Subject line patterns that respect clinicians' time

Four things every specialty message should name

- 1. The procedure or decision.** Name what they actually do, such as "AF ablation" or "lumbar fusion", not "cardiology" or "spine care".
- 2. Their constraint.** Time in the lab, reimbursement, staffing, patient throughput or documentation load.
- 3. Their evidence standard.** Specialists expect data from their own field. Cite the outcome measures they use.
- 4. Their role in the purchase.** A user wants workflow detail, a department head wants outcomes and cost, and an owner wants return on investment.

One product, three messages

Here is a cardiac ablation system, written for each ring from Chapter 3:

Segment	Subject line	Opening line
Electrophysiologists (core)	Shorter AF ablation procedures, same safety profile	"For EPs running full ablation schedules, procedure time is capacity. Here is what our mapping workflow changes."
EP lab managers (adjacent, operations)	Fitting more ablation cases into the same lab hours	"Lab turnover and setup time decide how many patients your EPs can treat each week."
General cardiologists (adjacent, referrers)	When to refer AF patients for ablation	"New evidence on earlier ablation is changing referral timing. Here is a one-page summary."

The product is the same in all three. The specialty, the constraint and the role are different, so the message is different.

What each audience counts as evidence

Audience	Evidence they trust	What to lead with
Procedural specialists	Outcomes and complication rates from their own specialty's studies	Procedure time, outcomes, technique
Prescribing specialists	Trial data, guideline position, patient selection	Which patients, what results, how to start
Primary care and referrers	Clear referral criteria, short summaries	When to refer, what to tell patients
Nurses and technologists	Workflow, training, safety	Setup, steps saved, support
Department heads and administrators	Cost, throughput, staffing, contract terms	Capacity, payback, implementation

Subject line patterns that respect clinicians' time

- **Name the procedure:** "Lumbar fusion: three steps we removed from setup"
- **Name the decision:** "Choosing patients for earlier AF ablation"
- **Offer something short:** "A two-page summary for your next P&T discussion"
- **Name the setting:** "For ASC-based joint replacement programs"

Avoid hype, false urgency and anything that looks like a clinical alert. Clinicians judge credibility quickly, and an overpromising subject line costs you the next email too.

I CLINICAL CLAIMS NEED REVIEW

Example subject lines and openings here are illustrative. Any clinical claim in a real campaign must come from your approved evidence and pass your medical, legal and regulatory review.

KEY TAKEAWAYS

- Every segment needs its own message; if an email could go to another specialty unchanged, rewrite it.
- Name the procedure, the constraint, the evidence and the reader's role.
- Match the evidence to the audience: outcomes for specialists, workflow for care teams, cost for approvers.

Seven Ready-Made Segment Blueprints

Use these blueprints as starting points. Each one lists the filters to apply, what to exclude and the angle to lead with. Counts are MedicalProspects list totals for October 2026, before your filters are applied.

IN THIS CHAPTER

- 1. Outpatient orthopedics for an ASC-focused device
- 2. Community oncology for a new therapy
- 3. Hospital medicine for a clinical workflow tool
- 4. Metabolic care for a weight management program
- 5. Behavioral health for a telehealth platform
- 6. Interventional radiology for an embolization device
- 7. Sleep medicine for a home sleep testing program

1. Outpatient orthopedics for an ASC-focused device

- **Include:** orthopedic surgeons (27,644 on the full list) with joint replacement or sports medicine focus; administrators and medical directors of ambulatory surgery centers (9,114 ASC contacts)
- **Filters:** practice setting = ASC or physician-owned group; states in your territory
- **Exclude:** hand surgeons, foot and ankle surgeons, surgeons who operate only in hospitals
- **Lead with:** same-day discharge workflow, case time and the economics of outpatient procedures

2. Community oncology for a new therapy

- **Include:** oncologists (24,750) and hematologists (11,430) in community practice; oncology pharmacists; oncology nurse navigators
- **Filters:** practice setting = independent or network oncology practice; practices with in-house infusion
- **Exclude:** radiation and surgical oncologists, unless the therapy involves them
- **Lead with:** patient selection, administration logistics and access support

3. Hospital medicine for a clinical workflow tool

- **Include:** hospitalists, hospital medicine directors, CMIOs and nursing informatics leaders
- **Filters:** hospitals by bed size; EHR platform from technology data
- **Exclude:** outpatient-only internal medicine physicians
- **Lead with:** handoffs, documentation time and integration with the hospital's EHR

4. Metabolic care for a weight management program

- **Include:** obesity medicine specialists (9,204), endocrinologists (6,429), weight loss clinic medical directors, primary care physicians with a metabolic focus
- **Filters:** clinic type = weight loss or metabolic clinic; geography
- **Exclude:** bariatric surgeons, unless the offer covers surgical pathways
- **Lead with:** patient monitoring, adherence and program operations

5. Behavioral health for a telehealth platform

- **Include:** psychiatrists (57,027), psychologists (38,458), licensed therapists and behavioral health practice owners
- **Filters:** practice ownership = independent; licence states for multi-state telehealth
- **Exclude:** inpatient-only psychiatric staff, if the product is outpatient
- **Lead with:** scheduling, licence-state coverage and reimbursement

6. Interventional radiology for an embolization device

- **Include:** interventional radiologists (3,633); IR suite managers and radiology department directors
- **Filters:** hospitals with an IR suite; academic and large community hospitals
- **Exclude:** diagnostic-only radiologists (most of the 31,130 on the radiologists list), unless the message is about referral
- **Lead with:** procedure technique, device handling and case outcomes

7. Sleep medicine for a home sleep testing program

- **Include:** sleep medicine specialists (3,017) and sleep lab directors as the core ring
- **Adjacent, separate message:** pulmonologists and neurologists who refer, with referral criteria and turnaround times
- **Filters:** practice setting; geography matched to your logistics coverage
- **Exclude:** anesthesiologists and surgeons
- **Lead with:** diagnostic yield, turnaround and patient experience

★ TURN A BLUEPRINT INTO A BRIEF

Copy the blueprint that fits best into the segment brief in Appendix A, then adjust each filter. A written brief makes counts, samples and quotes comparable across data vendors.

KEY TAKEAWAYS

- Each blueprint pairs a core ring with filters, exclusions and an opening angle.
- Small core rings, like 3,633 interventional radiologists, are an advantage when the message fits.
- Adjacent specialties get their own message, even inside the same program.

Beyond Physicians: Care Teams and Facilities

Many products are adopted by teams, not individual physicians. Nurses run the workflows, pharmacists manage formularies, technologists operate equipment and administrators control budgets. Leaving them out of a campaign leaves out many of the people who decide whether a product is used every day.

IN THIS CHAPTER

- The care team is a bigger audience than the physicians
- Facilities as audiences
- Sequencing physicians and teams

The care team is a bigger audience than the physicians

Healthcare's non-physician workforce is far larger than its physician workforce. MedicalProspects lists 1,144,972 registered nurses, 95,391 oncology nurses and 85,178 physician assistants. In many service lines, advanced practice clinicians see a large share of patients and influence what gets ordered.

Care team role	Typical influence	What they want to hear
Nurse practitioners and physician assistants	Order, prescribe and manage patients alongside physicians	Clinical use, patient selection, documentation
Specialty nurses	Run procedures, educate patients, report problems	Workflow, training, safety, patient education materials
Pharmacists	Formulary review, dosing, interactions	Evidence, cost, administration and storage

Care team role	Typical influence	What they want to hear
Technologists	Operate and maintain equipment	Setup, reliability, training, support
Practice and department managers	Scheduling, staffing and purchasing	Throughput, cost, implementation effort

Facilities as audiences

Some products are bought by a facility, not a person: hospitals, ambulatory surgery centers, imaging centers, labs, long-term care and home health agencies. Facility targeting uses different filters:

- **Facility type and size:** bed count, procedure volume, number of locations
- **Ownership:** independent, health-system owned, private equity backed
- **Affiliation:** health system and group purchasing relationships
- **Technology installed:** EHR, imaging, lab and revenue cycle systems

Pair facility targeting with role targeting. A list of 9,114 ASC contacts is useful when you know which of those contacts are administrators, medical directors and materials managers.

Sequencing physicians and teams

A common pattern is to reach the core physicians first, then the care team who will use the product, then the administrators who will buy it. Each group gets a message about its own role, and sales follows up with all three at the accounts that respond.

▶ ONE DEVICE, THREE AUDIENCES (ILLUSTRATIVE)

A surgical device company sends surgeons a technique-focused campaign, sends OR nurse managers a setup and training campaign two weeks later, and sends materials managers a contract and pricing summary once surgeons at an account have engaged. Each audience sees one clear reason to care.

KEY TAKEAWAYS

- Care teams often outnumber physicians and shape everyday adoption.
- Facility targeting needs facility filters: type, size, ownership, affiliation and technology.
- Sequence physicians, care teams and buyers, each with its own message.

Sizing and Testing Your Segments

A narrow segment is only useful if it is large enough to reach your goals and if it beats a broader one. Check both before you scale.

IN THIS CHAPTER

- Size before you build
- Metrics by segment
- When a segment is too small
- Read the results by ring
- Test narrow against broad

Size before you build

Work backwards from the result you need:

Contacts needed = meetings needed ÷ expected meeting rate

If you need 30 meetings and expect a 1.5% meeting rate from a well-targeted segment, you need about 2,000 reachable contacts. Use the free MedicalProspects Interactive Healthcare Audience Estimator to see whether your filters produce that many, then decide whether to keep the segment narrow or add an adjacent ring.

I USE YOUR OWN RATES

The 1.5% meeting rate is illustrative. Use your own historical rates by segment and channel, and revisit them after every campaign.

When a segment is too small

- **Widen geography** before you loosen the specialty filter.
- **Add the adjacent ring** with its own message, rather than merging it into the core message.
- **Add more channels.** A small, valuable segment justifies direct mail, phone and events alongside email.
- **Accept a small list.** Fifty perfectly matched transplant surgeons can be worth more than five thousand loosely matched surgeons.

Test narrow against broad

1. Split a broad audience into a precise segment and a remainder.
2. Send each group a message written for the precise segment.
3. Compare reply rate, meeting rate and unsubscribe rate.
4. Repeat with a second message, so one strong email does not decide the result.

Metrics by segment

Metric	Healthy sign	Warning sign
Reply rate	Rises as segments narrow	Same across segments: the message is not specific enough
Unsubscribe rate	Low and stable	Rising: wrong specialty or wrong role in the list
Meetings per 1,000 contacts	Higher in the core ring	Higher in the adjacent ring: your core definition may be wrong
Wrong-person replies	Rare	Frequent: specialty or role data needs checking
Spam complaints	Well below 0.3%	Approaching 0.3%, the ceiling Gmail sets for senders ⁴

Read the results by ring

If the adjacent ring outperforms the core ring, don't just shift budget. Ask why. Often the core definition is too narrow, the message is aimed at the wrong role, or the adjacent group is closer to the purchase than you assumed. Adjust the ring definitions and test again.

WORKSHEET • SEGMENT SIZING

Work through one segment at a time.

1. Meetings needed this quarter:

2. Expected meeting rate, from your own history:

3. Contacts needed (meetings ÷ rate):

4. Contacts available with current filters:

5. If short: widen geography, add adjacent ring or add channels?

KEY TAKEAWAYS

- Size every segment from the meetings you need, using your own rates.
- When a segment is small, widen geography or add channels before loosening specialty.
- Test narrow against broad, and read the results ring by ring.

CONCLUSION



Smaller Lists, Better Campaigns

Specialty targeting trades list size for relevance. The trade is almost always worth making. A specific message to the right subspecialty, in the right setting, at the right level of authority, earns replies a broad campaign cannot.

IN THIS CHAPTER

- Build your segments with MedicalProspects

The method is repeatable:

1. Start from the specialty hierarchy and go down to the level where the product is used.
2. Apply the five targeting dimensions.
3. Sort specialties into core, adjacent and excluded rings.
4. Write a separate message for each segment and each role.
5. Include the care team and facility audiences that shape adoption.
6. Size the segment, test it against a broader audience and scale what works.

Build your segments with MedicalProspects

MedicalProspects offers 425+ specialty, role and facility lists across Medical Professionals, Care Facilities, Health Executives, HealthTech & IT, Life Sciences & Lab, and Payers & Partners.

What you need	What MedicalProspects provides
Precise specialty	Clinical records classified with NUCC taxonomy codes; NPI on U.S. clinical records
Setting and facility	Filters for practice setting, facility type, bed size and health system affiliation

What you need	What MedicalProspects provides
Technology context	Technology-in-use data for hospitals and practices
Reach	80+ filters, geography down to metro area, verified email, direct dial and mailing address
Proof first	20 free custom sample contacts built on your criteria

Size your segment for free with the Interactive Healthcare Audience Estimator, then request 20 custom sample contacts built on your exact criteria at medicalprospects.com or sales@medicalprospects.com.

APPENDIX A



The Segment Brief

Send the same brief to every data vendor so counts, samples and quotes can be compared line by line.

SEGMENT BRIEF: [Campaign name]

1. PRODUCT AND GOAL

Product: [name and category]
Campaign goal: [meetings / demos / evaluations / event attendance]
Meetings needed: [number]

2. CORE RING

Specialties: [with taxonomy codes if known]
Procedure focus: [procedures, capabilities, technology in use]
Practice settings: [hospital / group / ASC / academic / independent]
Roles: [users / recommenders / approvers]

3. ADJACENT RING (separate message)

Specialties and roles: [list]

4. EXCLUSIONS

Specialties: [list]
Accounts: [current customers, competitors, suppression file]

5. GEOGRAPHY AND AFFILIATION

States or metros: [list]
Health systems: [include / exclude]

6. FIELDS REQUIRED

☐ Verified email ☐ Direct dial ☐ Mailing address
☐ NPI ☐ Taxonomy ☐ Affiliation

7. REQUEST

Unique counts for the core and adjacent rings, and a free sample of at least 20 records from the core ring.

Glossary

Term	Meaning
Specialty	A provider's main field of practice, such as cardiology
Subspecialty	A narrower field within a specialty, such as electrophysiology
Taxonomy code	A 10-character NUCC code describing a provider's type, classification and specialization
NPI	National Provider Identifier: the unique 10-digit identifier for U.S. health care providers
Practice setting	Where a provider works: hospital, group practice, ASC, academic center or independent office
Core ring	Specialties that use your product and decide or strongly influence the purchase
Adjacent ring	Specialties that refer, support or share the workflow, reached with a separate message
Excluded ring	Specialties that look related but never use the product
ASC	Ambulatory surgery center: a facility for same-day surgical procedures
Value analysis committee	A hospital group that reviews new products for clinical value and cost
Segment	A defined group of contacts that receives its own message
Meeting rate	Meetings held divided by contacts reached

REFERENCE

Sources

1. Association of American Medical Colleges, 2025 key findings, U.S. Physician Workforce Data Dashboard. <https://www.aamc.org/data-reports/data/2025-key-findings>
2. National Uniform Claim Committee, Health Care Provider Taxonomy code set. <https://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40>
3. Physicians Advocacy Institute and Avalere Health, Physician Employment and Practice Ownership Trends 2019-2023. <https://physiciansadvocacyinstitute.org/PAI-Research/PAI-Avalere-Study-on-Physician-Employment-Practice-Ownership-Trends-2019-2023>
4. Google Workspace Admin Help, Email sender guidelines. <https://support.google.com/a/answer/81126>

ABOUT THE AUTHOR



John Britton

VP of Marketing, MedicalProspects

John works with healthcare sales and marketing teams on precision targeting, campaign strategy, and audience intelligence solutions at MedicalProspects.

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.

medicalprospects.com · sales@medicalprospects.com



NEXT STEP

See the difference verified data makes

Get 20 free sample contacts built on your exact targeting criteria. Check them with your own tools before you buy anything.

15.17M+

unique verified healthcare contacts

425+

specialty, role and facility lists

99%

deliverability guarantee, 1:1 bounce replacement

24-48h

delivery, re-verified monthly

Request your free sample at **medicalprospects.com**

eBook 02 • MedicalProspects GTM Library

sales@medicalprospects.com • +1 727-617-0017 • 7901 4th St N, Ste 300, St. Petersburg, FL 33702

© 2026 MedicalProspects, a DataInfoMetrix company. For B2B professional outreach only.