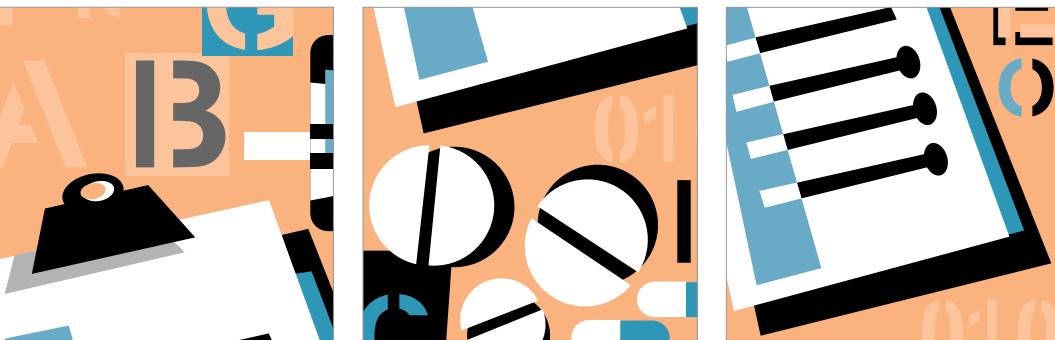


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A MARKETER'S CURE FOR ATTENTION DEFICIT DISORDER

Given the realities of today's hyper-communicated and hyper-competitive medical marketplace, it's becoming increasingly difficult for pharmaceutical marketers to break through to physicians.

Authors **Richard B. Vanderveer**, Ph.D., and **Noah M. Pines** explore new ways to think about and create messages that cut through the clutter.



While the pharmaceutical industry has spent the past several years optimizing its capability to reach physicians through an expansive sales force and an array of new channels, it is becoming evident that companies now increasingly must adopt more innovative approaches to positioning and message development.

This is primarily because the proliferation of the industry's marketing communications capacity has produced an unfortunate consequence: physician attention-deficit disorder. Ironically, this side effect is the result of the overabundance of pharmaceutical promotions aimed at medical providers, as well as other factors.

Thus, while it is now easier to reach and target physicians, it has never been more challenging to truly access them – to command their attention and to deliver effective, memorable prescription-driving messages. Drawing on a recent, seminal book by Ken Sacharin, "Attention!," it is clear the central challenge that pharmaceutical marketers face is to communicate effectively with physicians without simultaneously adding to the deluge of messages that is causing doctors to increasingly filter out – or completely ignore – this promotion altogether.

This quandary will force companies to adopt a new set of message development practices, which are designed based on the new realities of this hyper-communicated, hyper-competitive medical marketplace. The first new reality is that marketers can no longer count on the physician paying attention – and if the physician is not paying attention, they will not hear the message in the first place.

Secondly, more than ever physicians are learning about medicines through multiple sources. Third, due to extraordinary competitive pressure, companies are stepping up their counter-detailing efforts, taking every opportunity to exploit their opponents' weaknesses. A fourth and final reality is new regulations soon may limit companies' usage of certain types of promotional tactics.

One solution resides in a series of approaches we describe as "Message Engineering." Essentially, Message Engineering involves a curriculum of marketing research techniques that systematically assign the constituents of a brand's message to their optimal roles in a logical and coherent brand story.

Physician attention-deficit disorder

One approach to Message Engineering that we have developed, called Information Architecture, incorporates methods derived from academic investigation into the psychology of persuasion, and has been refined through extensive real-world experience. As the competitive pressures in the industry intensify, approaches incorporating the basic principles of Message Engineering are likely to become not only more prevalent, but standard practice in

pharmaceutical brand positioning and message development.

In the book, *Attention!*, Sacharin describes one of the central dilemmas facing all marketers: how to reach customers with effective promotions without simultaneously contributing to the ambient marketing noise. While the amount of advertising to which consumers are exposed to daily (through an expanding array of media) has burgeoned, consumers are at the same time busier and therefore increasingly unable to pay attention. The scarcest and most precious resource to today's marketer, argues Sacharin, is this dwindling supply of consumer attention.

This situation is even more exaggerated among physicians. Physicians are among the most heavily promoted segments in the U.S. population. Today, there are 90,000 pharmaceutical sales representatives, triple the number of reps who were visiting physicians in 1995. The past few years have seen a rapid expansion of new marketing channels, especially the Internet and other promotional media such as e-detailing and hand-held computers. In 2002, the industry spent close to \$10 billion marketing their medicines to physicians.

Yet at the same time, the amount of time physicians have to dedicate to a sales visit has been curtailed significantly, mostly by the financial pressures of managed care. As doctors are forced to squeeze more patient visits into their workdays, the average length of a sales visit has shriveled to approximately five minutes. One consequence of this is that the industry has seen its marketing productivity wane. Market research studies indicate that over the past few years the pharmaceutical industry has seen diminished returns from each dollar spent towards professional promotion.

Counter-detailing effect

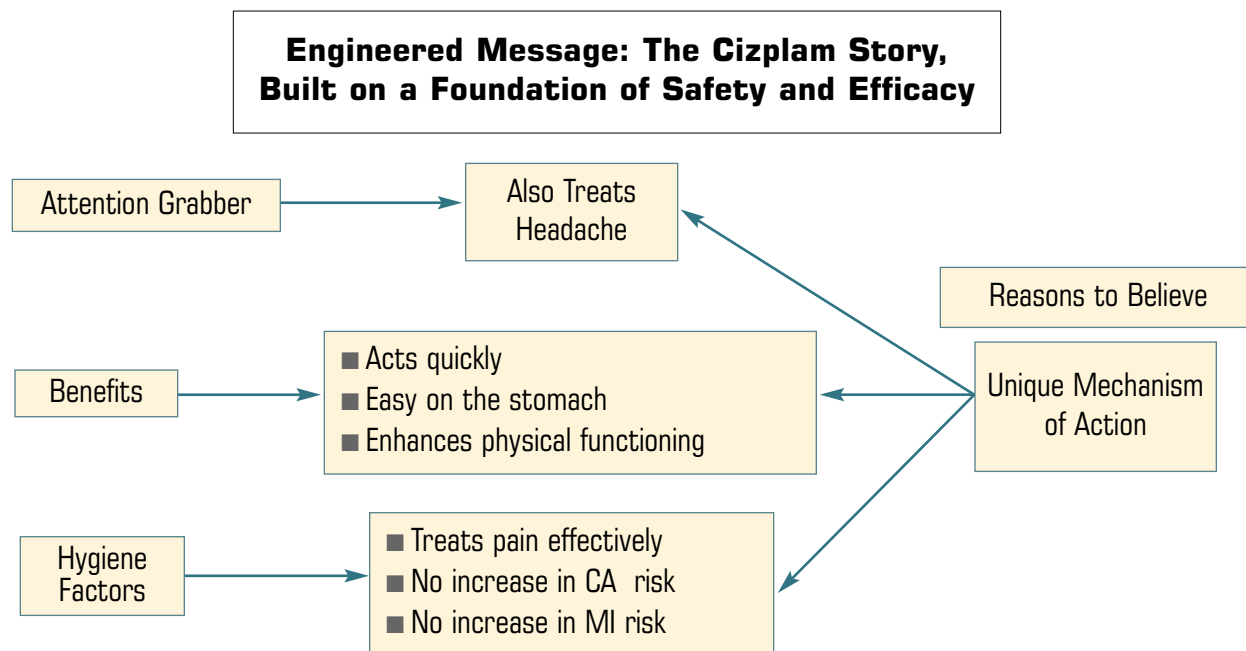
Physicians today learn about medicines through a wide assortment of sources. These sources range from their interactions with colleagues during meetings and seminars, to pharmaceutical sales representatives, to the Internet and now – as a result of direct-to-consumer advertising – their patients. Doctors therefore are forming their opinions about drugs based upon a varied spectrum of channels.

The competitive pressure of fewer new drugs being approved, as well as patent challenges and expirations, is leading to an increase in counter-detailing. While physicians criticize this practice, com-



THE TYPICAL 'POSITIONING' STATEMENT

Unmatched in its class, Cizplam provides effective pain relief, safely and without side effects. Cizplam really is the pain reliever that works.



THE 'ENGINEERED MESSAGE' FOR POSITIONING CIZPLAM

“Effective on pain and fast-acting, Cizplam, because of its unique mechanism of action, can also treat headaches, is easy on the stomach, beneficial to physical functioning, and does not result in any increase in cancer or cardiovascular risk.”

panies continue to counter-detail because of the beneficial impact it can have on their brands. This practice is therefore likely to persist.

On the regulatory side, while certain states already have promulgated restrictions on the dollar amount that pharmaceutical sales reps can spend promoting to physicians, federal agencies are eyeing such promotional tactics as consultant's forums.

These factors taken together constitute an extraordinary marketing challenge. The dwindling amount of physician time, new marketplace realities and potential limitations on marketing practices mean that firms must adopt practices that optimize the opportunity held in each moment that a doctor is listening.

Existing message techniques

Before we explore Message Engineering in depth, it is crucial to

examine the backdrop against which existing approaches to product positioning and message development were formulated. Most of the positioning and messaging techniques currently in use have been unchanged since they were developed during the late 1970s and 1980s, when there was dramatically less competition in the prescription drug market. New agents in therapeutic categories such as H2 antagonists, calcium channel blockers, proton pump inhibitors, HMG Co-A reductase inhibitors and SSRIs all enjoyed several years on the market before encountering competition.

Another important factor is that at that time, there were three primary marketing channels through which to reach and target physicians: sales representatives, medical journal advertisements and direct mail. Under fee-for-service medicine, physicians also had more time to visit with sales representatives. And, for the most part, there was less regulatory scrutiny of pharmaceutical

companies' marketing practices.

The positioning and message development process that evolved in these surroundings was oriented towards identifying the clinically important benefits offered by the brand and then determining how to communicate these benefits through a series of supportive messages. For purposes of this article, we will refer to this approach to positioning and message development as "Simple Messaging." Essentially, this process is geared towards unearthing the one, single golden nugget slogan that is going to drive adoption and usage (a la Nike's "Just Do It" campaign or AT&T's "Reach Out and Touch Someone" campaign).

Simple Messaging typically entails the advertising agency generating alternative positioning themes with key supportive "sound byte" messaging alternatives based on the myriad list of attributes enumerated in the brand's prescription label. This process generally is supported by marketing research on the front-end involving first segmentation analysis, and then such attribute optimization techniques as conjoint analysis. These techniques are designed to ascertain whether there are salient differences among physicians in the market, and then, which key product benefits are most associated with increased adoption and usage within each segment.

Once the advertising agency has integrated the optimal benefits into positioning and message concepts, marketing research plays the role of testing them among panels of physicians. The positioning theme and supportive messages that survive this rigorous process then are utilized by the advertising agency as a kind of outline in producing the various core elements of the campaign such as medical journal advertisements, sales aids and brochures.

There is no doubt that Simple Messaging has proven to be extremely effective, propelling most, if not all, of today's billion-dollar brands to success. However, as we will argue, the new realities of today's hyper-communicated and hyper-competitive medical marketplace make the Simple Messaging process increasingly less appropriate and effective.

The premise of Message Engineering

The premise of Message Engineering is that the most effective way to market pharmaceuticals to physicians is not as much about peppering them with catchy sound bytes – but rather about communicating logical and compelling stories. This notion is based on academic inquiry into the psychological mechanics of persuasion, which has demonstrated that since people naturally put information together as stories, the optimal way to convince a person to change their behavior is to compose the elements of a particular argument into a coherent story.

This research also revealed that the most compelling and behav-

ior-changing stories have certain essential elements in common and that these elements need to be ordered in a rational sequence to be most impactful. These elements are:

- **Attention:** The first step is getting the attention of the listener – getting them to stop what they are doing and to pay attention.
- **Information:** The second step involves providing key reasons to change behavior, typically the benefits of changing behavior.
- **Corroboration:** Next, it is crucial to provide some supportive reasons or validation as to why the person should change their behavior.
- **Inoculation:** Fourth, the listener's latent or potential concerns and/or inhibitions about changing their behavior need to be somehow addressed and hopefully quieted.
- **Direction:** Lastly, the listener needs to be told in no uncertain terms what next step to take and/or how to take it; direction is a call to action.

Message Engineering harnesses this validated framework by first determining the functionality of each attribute of a brand and assigning that attribute to one (or more) of the optimal roles in this story. Through a systematic, customer-driven process, the process yields a story or persuasive argument that will motivate interest in the brand, motivate a change in attitude and, therefore, can be linked to a change in behavior.

Message Engineering differs in a number of important ways from Simple Messaging. Most importantly, all of the key building blocks of the brand are recruited into the story, so that it holds together as a cogent, persuasive argument. Message Engineering does not reduce the brand to a fragmented set of sound bytes, but preserves the inherent richness and complexity. It is thus not only more impactful and more memorable, but a more appropriate basis for a discussion with a physician. Secondly, since it does not pre-suppose the physician's attention, there is a built-in attention-getting mechanism.

With Message Engineering, credibility is preserved through the reasons to believe, which validate the benefits and proactively address the physician's concerns or doubts. Finally, the physician is asked to take a specific action.

As a result of the process, the company is provided with a rational curriculum of elements, organized as a story, which serves as the basis for developing promotional materials such as detail aids and journal ads. The results also can be used to actually script a sales call. Ultimately, Message Engineering permits sales representatives to have a cohesive, rational and productive dialogue with the physician.

Message Engineering: The process

One of the concerns that clients articulated about our approach

to Message Engineering, Information Architecture, is that this process will lead to the development of as many stories as there are focus groups. However, based on our experience, we have found that despite differences across regions and specialties, the story typically converges on a “modal story” in terms of the information and their sequencing.

The approach to Message Engineering that we have developed, Information Architecture, begins with a brainstorming meeting with the brand team. The goal is to generate the myriad elements of the product profile and to begin listing and sort them in terms of such standard categories as efficacy, dosing and, among others, tolerability. We also canvass particularly the product managers (who have more experience with the brand and therapeutic category) to determine their thoughts on the likely roles that each element will play in the story. This initial meeting serves as a foundation for the various message components that will be shared with respondents. The end product at this stage is an Element Map, which then serves as the starting point for the Message Engineering process.

Assigning message elements to specific roles

The next step involves qualitative focus groups with physicians who use the brand (if the brand is available) or respondents who are likely to have an affinity for the brand's characteristics. The goal of the exercise is to attain a sense as to the function and roles of the various elements in the brand profile. Respondents are provided with a menu containing the universe of possible messages about the brand in question; these messages typically are developed by the advertising agency, working with the brand team. These physicians are then challenged to assign these messages, or “information elements,” to the following roles in the story:

- **Attention-grabbers**
- **Benefits**
- **Reasons to believe**
- **Hygiene factors**
- **Close**
- **Who Cares?**

Following are the definitions that physicians are given to use in determining which information elements play the various roles:

Attention-grabbers: Information elements that get a physician's attention. Typically, we find attention-getting elements are new data about a brand or other brand attributes that are interesting and/or clinically relevant to physicians.

Benefits: Elements that characterize how a physician – and his/her patients – is better off now that the brand in question is available. Although benefits tend to include efficacy-related attributes, oftentimes other benefits include tolerability, dosing, and/or quality of life aspects of the drug.

Reasons to believe: Elements that corroborate or substantiate

benefits and give credibility to the reason why the physician should alter his/her behavior. Typically, we find physicians assign such attributes as specific clinical data supporting the efficacy benefits, professional society endorsement, peer testimonials and other elements that validate the benefits to the “reasons to believe” category.

Hygiene factors: Elements that quiet physicians' latent or potential concerns about the brand. Since almost every medicine is a double-edged sword and possesses at least one feature that physicians are concerned about (e.g., side effects, parenteral administration, and safety to name a few), it is crucial to develop a message that positions these concerns in their minds. In some cases, we found that companies must place the hygiene factors before the benefits because physicians' level of concern is so high as to stymie their willingness to hear about the benefits of a brand.

Close: The close is the call to action, the element or message that gives the physician direction with regard to what they should do next. The close often specifies the patient type for which the drug is being targeted or a particularly impressive piece of data. Importantly, the close is not merely a request for physicians to prescribe the drug for the next X number of patients, but is more of a direction as to how the drug will be useful to them in their everyday practice.

Who Cares: While it is crucial for companies to understand how the various elements of their brand map onto the above categories, it is also important to know which attributes are not important to physicians and which should be excluded from the story. The “who cares” category is like a waste bin for all those messages which, though important, are not altogether interesting or clinically relevant.

Developing the positioning statement

Once physicians have completed the process of assigning roles to the various information elements, they are asked to take a step back and consider the extent to which they have created an efficient, persuasive and effective argument. At this juncture in the exercise, the moderator will ask physicians (especially those who tend to be somewhat skeptical) where holes remain in the logic and how to patch those holes.

At the conclusion of this exercise, once physicians have created a provisional “Message Architecture,” they are queried about what they derive as a unifying theme. This unifying theme can be helpful in guiding the development of (or validating) the positioning statement for the brand.

Next, there's a series of individual depth interviews with physicians, who are asked to use any or all of the information elements to construct and tell the product's story. One of the important results to consider is the percentage of doctors selecting an element for inclusion in the story, a strong indicator of that element's

importance. Additionally, a record is made of where in the story each element is placed when it is used, which indicates whether the element is being used as an Attention-grabber or later as a Hygiene Factor or Close.

An examination of frequency-of-mention and order-of-mention using a Story Map helps the product team understand how best to develop the presentation for physicians. This research step is important not only in order to refine and sharpen the story, but to increasingly fine-tune the specific wording that will be used in the promotional materials.

The final step in Message Engineering involves a “war gaming” methodology where the final Message Architecture is pitted against competitors’ messages in a real-world selling environment. We use a process called Competitive Assessment of Strategy and Tactics, or CAST, in which sales representatives conduct dueling mock detail presentations in front of physician focus groups.

After each mock detail presentation (which is typically conducted by product managers with sales experience or sales directors), the moderator elicits feedback from physicians to further optimize the brand messaging.

Once the Message Architecture has been created, it typically is provided to the advertising agency, which uses the output as the outline of its approach to their creative process and the process of materials development. Despite the fact that messaging is typically the purview of the advertising agency, we have found that agencies have been extremely receptive to Information Architecture and have appreciated its ability to rationally organize the myriad features and benefits of a brand into one logical and compelling story. By using our approach to Message Engineering, we have

also found that the number of rounds of concept development and testing can be greatly reduced relative to standard concept testing. By observing physicians actively and creatively interacting with a brand’s label, this approach is an extremely efficient method of getting the entire product team – including external advertising and public relations agencies – on the same page.

We have also found physicians truly appreciate messages developed through Message Engineering, because it puts the information into a rational format and therefore is more time-efficient.

Clearly, new approaches based on the principles of Message Engineering are needed to foster a more efficient, clinically relevant and ultimately productive dialogue between manufacturers and physicians. Indeed, given the current situation of the pharmaceutical industry, we believe that in the future only those messages that incorporate these rules will penetrate and flourish despite the noise fostered by the ongoing expansion and diversification of the industry’s promotional voice. ■



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