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## Talk of the Town

Conversational marketing is a great resource for understanding and influencing physician–patient dialogues in the emerging healthcare environment

**R**EMS programs. Megamergers. Generic encroachment. New sampling guidelines. The “unknowns” in the pharma industry have never been more prevalent or complex. But despite volumes of lagging prescription data and recall-based market research, pharma is still struggling to understand and anticipate how each new industry issue will impact current and future success. The key to understanding these issues lies in an area that sales and marketing teams, surprisingly, often overlook: the real-life, in-office dialogue between patients and physicians.

Critical information about naturally occurring patient–physician interactions at the point of care allows pharma to understand how industry issues truly affect or do not affect patients and physicians. Equipped with these insights, pharma can deliver meaningful strategic and tactical support to physicians, helping them educate and negotiate with patients—ultimately enabling pharmas to protect their R&D investments and drive physician and patient adoption of their brands.

### Less Dominant, More Relevant

To be successful in today’s economic climate, pharmas need to focus on how macro industry conditions are playing out at the *micro*, interactional level. This micro focus allows pharmas to better position themselves as the industry narrative

changes from dominance to relevance, where the future of brand marketing is characterized less by blockbusters and more by battles for the hearts and minds of physicians and patients. By monitoring the authentic dialogue between physicians and patients, pharmas can position themselves as relevant participants in the health care exchange.

In order to become more relevant, pharmas will need to lay down stakes with smaller, more targeted physician and patient populations, developing a grounded understanding of the needs, values, attitudes, and beliefs of specific groups of physicians treating specific groups of patients with unique physiologic profiles, life situations, and health attitudes. Pharmas that fail to position themselves in terms of relevancy risk being viewed as intrusive in the physician–patient relationship, jeopardizing the physician–pharma/brand relationship.

Here’s how brand teams can leverage patient–physician dialogue to overcome a few of today’s most challenging industry issues.

### Generic Encroachment

The financial burden of healthcare, particularly in the current economic climate, is significant. Meanwhile, the acceleration of patent expirations will result in significant decreases in Big Pharma revenues. With approximately \$157 billion in sales exposed to generic erosion

by 2012, pharmaceutical companies will face revenue losses of 2 to 40 percent. Physicians and patients are keenly aware of the cost of patent-protected treatments and of the time frames in which generic options will become available. And patients are not afraid to ask for generic alternatives.

Even when generic alternatives are not available, it is not uncommon for physicians to provide patients with a time line of when generics will become available. This tendency of physicians to simply acquiesce to requests for generics suggests that they are either unwilling or unable to reasonably argue the need to remain on branded therapy. Marketers can help brands become more relevant to the patient–physician interaction and maximize true brand potential at the point of care by:

- » Providing efficacy and outcomes data on branded versus generic products to physicians
- » Providing clear, illustrative anecdotes and analogies to help physicians transfer this information to patients
- » Putting patient assistance programs at the forefront of their outreach and awareness campaigns.

### More Noise than Necessary?

For many pharmas, brand marketing expenditures like DTC and sampling have not translated into maximum brand potential and brand loyalty. Even putting the spend issue aside, new insights into physician–patient interactions and the dynamics of diagnosis and treatment decision making are calling into question the intended effect of many marketing efforts. A closer look at DTC carry-through and sampling shows that they are not influencing treatment seeking, prescribing, and adherence behaviors as marketers may think.

When DTC does achieve its intended effect of raising patient awareness and driving brand requests, it is not uncommon for physicians to assert their authority in ways that undermine brand



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messages and steer patients toward physician-preferred treatments. For example, take this scenario:

*DR: See, these companies like Yaz, Ortho used to advertise all this for Tri Cyclen; it's great for your complexion. These companies, their pills are no different really than everybody else.*

*PT: Oh.*

*DR: They went out and spent a fortune showing the FDA that women's complexions, for example, are better on these pills. Not that they're not on other pills, the other companies just didn't spend the money to show the FDA.*

*PT: Yeah.*

*DR: So they can legally advertise it on the back of your magazine and say this is good for a woman's complexion.*

*PT: Yeah. Oh.*

*DR: Well, they're all good for your complexion but they just didn't spend the money to show that.*

*PT: Okay.*

*DR: So while it's true, it's not the whole truth.*

*PT: Yeah.*

By countering or elaborating on messages delivered to patients via DTC, physicians are defending their authority against external agents seeking to influence treatment decisions. As shown in the above example, the patient has been primed by messages leveraging self-image. The physician neutralizes the patient brand request, and the emotional DTC message, by asserting that all tri cyclen will benefit complexion. Due to the power imbalance between physicians and patients, the patient drops the request.

This example further illustrates that by positioning against one another in terms of socio-emotional benefits, brands risk being seen as not relevant to the physician-patient relationship in which clinical concerns trump socio-emotional concerns and physicians trump patients. In examining hundreds of physician-patient interactions containing explicit references to DTC, we find that physicians typically cite DTC at one of two points in

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## Successful brand marketing is best achieved when tactics help physicians maintain their status as authorities

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the treatment discussion: as a preface to an explicit treatment recommendation or as a mechanism to support a recommendation that has just been made.

The third most common way physicians reference DTC is as a complaint. That's because of its potential to disrupt the physician-patient relationship by either seeking to undermine the physician's clinical judgment or by arming patients with incomplete information. It is important to note that physicians have found DTC to be a relevant resource to draw on in order to achieve their own interactional goals during office visits, but that physicians will defend against DTC when it runs counter to these goals.

### The Symbolism of Sampling

Sampling is one marketing tool that has been meaningfully integrated into the physician-patient relationship. Behavior in thousands of interactions shows that physicians make brand recommendations prior to offering samples, suggesting that samples support—rather than drive—treatment selection.

Physicians go to the sample closet with a specific treatment in mind. If desired brand samples are not available, it is common for physicians to write a prescription for the desired treatment rather than offer samples of a brand that is in stock. The act of providing samples to patients is a symbolic gesture through which many physicians indicate their concern for the well-being of their patients and empathize with cost burdens patients must shoulder. In this respect, samples can be seen as the counter-weight to impersonal clinical objectivity: If objectivity allows the physician to project his/her authority by impartially educating patients on treatment options, the giving of samples allows the physician to demonstrate his/her humanity. In this way, samples are seen

as relevant to not only the physician-patient relationship, but the physician-sales representative-relationship as well. As shown in this example, the physician helps reduce the cost burden of treatment by offering the patient samples.

The physician further points out that sales representatives have his own best interests at heart when they provided his office with extra samples to accommodate a company downsizing and limited access to samples in the future.

As evidenced by the DTC and sampling examples, the most successful in-office promotional tactics are ones that can be integrated into the natural physician-patient dialogue, facilitating rather than disrupting a mutually productive physician-patient relationship. Successful brand marketing is best achieved when tactics help physicians maintain their desired status as authorities while also establishing and building patient trust, which ultimately drives patient compliance and adherence.

Listening to target customers, physicians, and patients in their natural environments provides pharma the opportunity to quickly reveal how key industry issues are playing out at the clinical point of practice. Moving forward, brand teams will succeed by understanding and catering to the respective values and needs of specific physician and patient segments, equipping each with the tools necessary to facilitate productive transactional (providing/receiving care) and interpersonal (developing/maintaining relationships) talk. This is the promise of brands in the emerging pharma landscape: to be reliable, relevant participants in the healthcare exchange. To realize this promise, brand teams must understand what really goes on when a physician meets a patient behind the closed door of the clinical exam room. **PE**

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