If we routinely showed the degree to which our communications programmes, in med ed or PR, changed customer or audience behaviour to the benefit of the brand, why do we continue to hear expressed concerns about the 'woolly' art of communications and questions regarding programme return on investment (ROI)?

The truth is that there is culpability among both clients and agencies. Clients are often unwilling to invest appropriate resource into rigorous measurement while agencies often feel that such measurement can be too time-consuming at the expense of programme implementation.
1. KNOW WHO YOU ARE REACHING
Brand managers are well versed in the process of identifying their audience and customer base. Yet such careful planning, which manifests itself in the all-encompassing brand plan, often falls by the wayside once implementation of communications programmes begins.

This isn’t to suggest that there is not a concerted effort on behalf of marketers and communicators to insert rigorous measures into their programmes. Indeed, with the support of The Healthcare Communications Association (HCA), there has been a proliferation of the use of SMART objectives within communications programmes, and this has resulted in a marked improvement in our understanding of the impact of communications.

However, we can go further. The metrics we commonly use – message tone evaluation, media impressions, share of voice analysis, opportunities to see/hear assessment and sales force call-rate evaluation are all very good measures, but are they good enough? They do share one common failing – they are critical observations quite detached from user behaviour. And in not showing behaviour change as well as we can, we are losing the opportunity to show the positive ROI that healthcare communications can deliver.

The problem is that we may know very well who we want to reach, but often struggle to simply follow up to see whether or not we have reached them.

For example, a survey of 58 senior PR/marketing professionals (39 industry/19 consultancy) conducted by the HCA in 2004 showed a number of clear differences between attitude and action on ROI. While almost 90 per cent of respondents thought that measuring ROI of healthcare communications was important, less than half were actually doing this.

Of course, there is scope for arguing about the best ways to measure, but ultimately it is widely agreed that better measurement is warranted. The key to better measurement, regardless of the specific tools used, is to increase focus on audience behaviour and the links between communications programmes and behaviour shifts.

2. KNOW YOUR AUDIENCE NEEDS
It’s great to understand the merits of the content of a communications output, but frankly it is more important to know what people then do with the information.

I was flabbergasted to uncover, for example, that a French patient who was recently diagnosed with Parkinson’s Disease was not, at the time of diagnosis, given any form of educational support or guidance on reputable sources of information. In this scenario, three things are painfully clear:
- Patients deserve credible information
- Physicians need better tools for conveying information to patients
- There are innumerable communications opportunities to address unmet information needs of both the patient and physician.

The problem is that the business of pharmaceuticals often loses sight of the real needs of the people who use treatments. We are not mindful enough of the fact that a person’s response to a brand, whether they are a healthcare professional or patient, is ultimately the most valuable marker of a brand’s success or failure.

Are we doing enough to try to understand this? Regrettably, the answer is often ‘no.’

This is partly because the appropriate restrictions governing patient communications have engendered in the industry a tendency to detach itself from real people’s views, particularly patients, and subsequently deprioritise their relevance to pharma brand communications.

In the previously noted HCA survey, for example, most industry representatives listed commercial factors as the most important return on investment, while consultancies listed change in attitude as more important.

Are these differing ideas about return on investment mutually exclusive? Absolutely not, but it is clear that we have to reassert the importance of human behaviour and real human needs in the midst of measuring communications programme impact. It is equally clear that communicators and marketers need to find a common ground for understanding the value of healthcare communications programmes, which will require a perspective shift. One way to understand the value proposition of a communications programme is to follow a simple process of perpetual evaluation:
- Identify the right audience
- Identify the information needed
- Identify the right messages for your audience
- Know how to reach them appropriately
- Measure the impact on brand.

3. KNOW AND LIVE THE BRAND
It is certainly true that we, as communications experts, also need to be brand experts, thinking about customers and brand needs with the same rigour as our colleagues in marketing. It is not enough to simply think that positive media coverage, for example, moves the brand forward or that our clients automatically understand how a ‘positive’ communications result is linked to brand success.

I am reminded of a pharma company managing director, who upon seeing news about one of the company’s brands on the front page of the Daily Mail, quipped, “yeah, but what does it do for the brand?”

To be fair, his comment was partly in jest, but it was also a reasonable criticism of what is a common failing within communications, and in this case the practice of PR. The failure to critically evaluate programme outputs, and adequately assess how communications contributes to brand success is a missed opportunity that is partly attributable to mutual reticence amongst clients and agencies. There is as much reluctance from clients to fund this degree of measurement as there is from agencies to implement such measures.

4. MORE COST EFFECTIVE ANALYSIS
There is a fair argument to suggest, however, that best-practice measurement, needn’t be a cost or time burden. Most companies obtain and retain a compendium of information, both qualitative and quantitative, that can be useful in measuring communications programme outcomes.
Brands have personalities too. Each character represents a different anti-depressant treatment

Good yet under-utilised sources of information for medical education programmes include:

- Number of physician requests to medical information departments
- Blog traffic on healthcare professional sites
- Web hits to commonly used third-party sites
- Development of guidelines/protocols (Hospital/PCT specific or national)
- Meeting contact
- Focused market research with specialist non-key opinion leader (KOL) audiences.

PR examples include:

- Patient group call centre volume
- Patient group web traffic
- Salesforce data (call frequency), nurse/practice manager feedback
- Company call centre information
- Focused consumer market research.

The truth is that some of these tools, as well as other traditional sources, can provide quite a good picture as to what impact your campaign is having on your audiences. Much of this information is gathered without any impact on a brand’s budget and simply requires collation and analysis – either by the brand/sales teams or your consultancy team.

5. TALK THE TALK

While getting better and more robust information results in an immediately improved ability to measure campaign effectiveness, communicators also need to be clearer about the campaign’s link to brand success. Compare processes for doing this within the practices of PR and advertising, for example.

The company MD, previously noted, perhaps jokingly queried the connection between media exposure and brand success, but is that not a fair question? While most communicators would consider this, without question, to be an invaluable piece of media coverage, it can’t be assumed that anyone would accept this. The connection between material output and brand success must be made if all members of the brand team are to recognise and reward communications success.

An advertising executive, for example, would talk about demographic sectors reached via an advert in the Daily Mail, supported by consumer market research to show message retention. His counterpart in PR might do likewise, but would often rely too heavily on media impressions and message analysis.

Of course, there is merit in both approaches and the differences between disciplines would warrant different metrics. But, the most notable disparity between the two practices is that advertisers have adopted an approach to measurement that is more commonly accepted and understood by marketers.

Advertisers have, for a long time, tried to get through to marketers by adopting a fairly sophisticated approach to evaluation, which mirrors some of the core tenets of marketing, such as audience demographic segmentation, message retention and message response.

Regrettably, many people in healthcare communications, notably in med ed and PR, fail to even attempt the same type of analysis or convey this information in a way such that marketers accept the reach and effect on their core audiences.

6. WALK THE WALK

But it’s not just about talking a good game. We need to be prepared to do (and fund) anything possible to make the link between measurable outcomes and brand success. The biggest tool, perhaps, that is under-utilised in med ed/PR is market research. Anonymised, quantitative and qualitative market research is one of the best ways to know how your campaigns are working. Yet, it is often not employed to measure communications programmes and is rarely used by consultancies as a routine part of their programme evaluation.

But why is this? Firstly, there are legitimate concerns about cost, which we will address later. However, a more disturbing reason for under-utilising this discipline is down to a tacit doubt among many communicators that the programmes we create are measurable. While we rightly bristle when someone describes PR as ‘woolly’ or protest vehemently when clients fail to accept the value we see in our programmes, we often fail to prove our case by doing our utmost to show the value of our communications programmes. The easiest way to do this is to talk to the people you are trying to reach, which is what market research is all about.

We can debate ad infinitum about why funding for market research should be provided by clients, but frankly it is in our vested interest to show our programme’s value. Ultimately, a client who fails to see a result, the most impressive of which is behaviour shifts that positively impact a brand’s commercial success, will seek support elsewhere. Focused market research, which does not have to be expensive, is one of the best ways to highlight the value of your communications campaigns.

7. FRAME THE PICTURE... PUT IT INTO CONTEXT

What can market research do for your campaigns? Let’s think about the hypothetical response to the company director.

So, Mr Company Director, your largest audience segment is practice nurses and GPs who are over 40 and whose paper of choice is the Daily Mail. The piece in the Daily Mail reached the audience most relevant to your brands’ success. We’ve further validated this claim through web traffic, sales call analysis and call centre analysis.

We need to be prepared to do anything possible to make the link between measurable outcomes and brand success.
The same portrait can be framed for a brand’s identity and validated by market research. Brands have perceived characteristics that are crucial to their utilisation and success. How many communicators can say that they really understand the emotional and rational characteristics of a brand’s perceived image in the marketplace? (See picture, page three).

Yet, such understanding would improve and inform any communications programme.

8. ASSESS THE INVESTMENT REQUIRED

There are legitimate concerns about the cost of intensive measurement on campaign impact. Some approaches do require significant funding, which may in turn limit the range of core programme activities that can be undertaken. However, all companies conduct market research and have committed a core budget to fund vast research projects. It may be that the research that has already been conducted can yield some useful baseline information relevant to your audience base. It may also be that future research projects can include some bespoke questions that, ultimately, may help with the assessment of a proposed campaign.

It is imperative, however, that the requisite parts of the brand team and the agency are actively communicating with one another to ensure that the right information is being shared or elicited from existing research. This then limits the need for additional market research. Nonetheless, some bespoke market research projects will be warranted, and this requires significant investment for the information to be useful.

Understandably, there will always be a debate on the level of investment required for appropriate measurement. Certainly, not understanding the impact of your communications programmes – in a reasonably precise way – is not acceptable. Do you ever, for example, pack the family into the car without first knowing your destination and planning the most expedient route?

9. GET THE RIGHT STRATEGIC MIX

The trouble is determining how you bring the core disciplines together to achieve this for a campaign. While brand needs vary, it is essential that a multi-disciplinary team that can draw on medical, advertising, PR, public affairs, market research and interactive programming capability is in place to help deliver comprehensive healthcare communications solutions for a healthcare brand.

But, you don’t necessarily need all of these disciplines at any one time, and they don’t need to be consultancy services. You may have some or many of the requisite components represented in the brand team. However, some specialist support can only be found within consultancies. The trick in selecting the right consultancy partner is finding enough representative disciplines within one agency. The temptation among marketers is to carve off these disciplines into constituent parts such that they require separate consultancy support. But there are two problems with this approach. Firstly, dividing and conquering costs more time and money. Secondly, various agencies separated across numerous disciplines by design have very little opportunity to talk to one another and work together, lessening the likelihood that they will work effectively together towards a common aim. While it is fair to assert that there is also a problem with a ‘one-stop shop’ approach, the operational inefficiencies of the first model must be of greater concern.

10. SET THE STANDARD

The solution partly lies in getting better functional representation within fewer agency teams. An improved, higher standard of campaign evaluation, with measurable outcomes linking audience behaviour and brand success, will help separate the wheat from the chaff. Surely practitioners who are prepared to take up the challenge to assert more rigorous measures as part of their campaign evaluation are the types of brand consultants that can move your brands forward.

They are communicators who retain a breadth of brand marketing understanding with an equally strong knowledge of your core audience needs. They will challenge you not to limit your thinking to purely commercial measures and will strive to show you, as clearly as possible, the commercial impact of human behaviour shifts relevant to their campaigns and your brand. Effectively, they are communicators who have become better marketers and vice-versa.

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Aim for an improved campaign evaluation with measurable outcomes linking audience behaviour and brand success.

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