In most primary care-driven markets the consumer is the major influencer at almost every step on the journey to prescription and beyond. They decide whether or not to present; if they accept treatment; whether to fill the first prescription; and whether to present for routine monitoring. About 70 per cent of the influence lies with the patient. Most of this influence involves decisions (often taken passively) that are based on no information at all. Against this background it is perhaps surprising that the provision of information directly to the patient is not the norm for pharmaceutical companies. Today, as regulatory bodies across Europe examine how to improve the provision of information to patients, there is an unprecedented opportunity for the pharma industry to step up and demonstrate that it can be a key partner in providing that improvement.

10 ways to improve your direct-to-consumer communication

A practical guide by Michel Dubery
1. CLEARLY DEFINE THE ISSUE/OPPORTUNITY YOU WISH TO ADDRESS

Start with a clear concept of your objectives. What issue in the market do you believe a consumer campaign will address? What opportunities can be created by such a campaign? Some of the common questions that can help identify what it is you are trying to achieve are:

- Do significant numbers of consumers fail to present with condition 'X'?
- Is under diagnosis/under treatment an issue?
- Do patients have issues whose impact is underestimated? For example, ongoing symptoms or side effects?
- Do patients fail to adhere to their treatment?

Once the answers to these questions are known the next step is feasibility:

- Can this issue really be resolved by communicating with consumers?
- Will they understand the message(s)?
- Will they care enough to change behaviour?
- Can this communication be done without alienating other stakeholders?
- Are there other groups that have a common interest in this health area/issue, eg, are there patient groups that can help?

Using this questioning approach will allow you to rapidly establish, strategically, what it is that you are setting out to achieve. Business modelling will then allow you to quantify more closely what, in fact, you can achieve.

2. UNDERSTAND THE REGULATORY ENVIRONMENT

It’s important to be aware that the regulatory environment surrounding patient activities is very often far from clear cut.

In the absence of clear and extensive legislation, many decisions on what is allowed are based on interpretation of what legislation/voluntary regulation there is, and/or on precedent.

### Understand the regulatory environment

<table>
<thead>
<tr>
<th>Not allowed</th>
<th>Allowed</th>
<th>Unclear</th>
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<tbody>
<tr>
<td>What is not allowed is clear. The branded promotion (use of a brand name in association with a clinical claim/indication for use) to patients is forbidden everywhere except the US and New Zealand.</td>
<td>What are allowed in almost every market are disease awareness campaigns aimed at educating patients about particular conditions with the aim of improving diagnosis/treatment rates.</td>
<td>In many markets treatment options can be discussed in a non-promotional, fair and balanced way. For a brand that has clear benefits or resolves particular issues for patients this educational, non-promotional approach is very beneficial.</td>
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### Data protection

Also, do not forget when taking patient data for the purposes of ongoing communication, the provisions of the various data protection legislation come into play.

It is vital that at the point of data collection the broadest possible permissions allowable should be sought. This will prevent the potential (and in several cases very real) risk that you will be left with a database of several tens of thousands of patients which cost several hundreds of thousands or even millions of pounds to build that is unusable.

It is also vital to define how the data is to be held, who has access to it, and to what purpose.

When planning consumer campaigns it is imperative that you involve your legal/regulatory and data protection colleagues so that they can see what it is that you are trying to achieve. Involved early in the planning, they are more likely to assist you in your efforts or help you to head off potential areas of conflict.

### 3. CARRY OUT BUSINESS MODELLING

As significant investment in consumer campaigns is relatively new for many pharmaceutical companies, the process for justification of such spending tends to be more rigorous than for more traditional activities. Business modelling tends to be, therefore, a critical step in securing such investments.

The business modelling process should be based on the patient journey and should answer at least the following questions:

- Where on the journey will the campaign impact?
- How many people can/should it reach?
- How will it change the patient journey?
- Will more people present/be diagnosed/be treated?
- Will people increase their adherence?

In constructing the business model multiple data sources are required such as:

- Traditional epidemiology data
- Response data for the target audience (media agency)
- Media consumption data for the target audience (media agency)
- Cost per response/acquisition data (media agency/previous campaigns)
- Propensity to change behaviour from market research.

These data are then used to model the effect of the campaign on the consumer journey, what impact that has on the market, and the associated costs.

The model constructed should have the ability to work with ranges of values (Monte Carlo modelling) which allows the most likely outcomes of a large range of scenarios to be predicted, as well as which parameters have the biggest effect on that outcome (sensitivity analysis).

A well-constructed business model will calculate the following:

- Financial feasibility
- Most effective levels of investment
- KPIs for measurement and tracking
- Risk/sensitivity analysis and recognition of critical steps.

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**There is an unprecedented opportunity for the industry to demonstrate that they can improve information to patients**

**When planning consumer campaigns it is imperative that you involve legal/regulatory and data protection colleagues**

**Disease awareness campaigns aimed at educating about particular conditions are allowed in almost every market**
4. ESTABLISH WHAT’S REALLY IN IT FOR THE PATIENT

When first reaching out to the consumer through any campaign we need to decide what we are offering that the consumer will value. This is relatively easy when the call to action is to buy cars/televisions/washing powder, etc. It becomes very much more subtle when the call to action is to respond for more information, or to go and see your doctor about ‘X’. What is it they think/feel/believe that can be used to drive an appropriate response?

A recent example of this approach was used in the obesity market in several countries. Through market research it was established that only around 20 per cent of obese people were really ready to take serious action such as the use of prescription medication.

This 20 per cent had a unique common identifier in that they called themselves “fat” and were prepared to do something about it for themselves. Even so they felt disinclined to present to their doctors as the years of advice about exercise and diet had left them feeling disempowered and with a huge sense of failure.

The campaign based on these insights was called ‘iDecide’. The proposition of which was ‘iDecide – supporting your weight loss’. The sense of empowerment and the information offered motivated patients to give the doctor another chance to help them, in the full knowledge of what their choices were.

What proposition is chosen for any particular condition depends on the consumer’s perception of the problems caused by their condition. In therapy areas with significant impact the provision of the information itself and the possibility of a resolution may be enough on its own. In erectile dysfunction for example, very significant response was driven by exactly that approach: “Erectile dysfunction is a very common condition that can be treated – get more information and find out how”, proved a compelling proposition.

The propositions for campaigns in asymptomatic conditions tend to need greater impact in order to get attention. These propositions tend to be harder hitting in terms of pointing out risk (in a way recognisable to consumers), rapidly followed by the hope of a resolution.

Campaigns that focus purely on the risk element of the proposition tend to be less successful, as consumers tend to ignore risk (no matter how hard hitting) if they feel there is nothing that they can do. Many, many anti-smoking campaigns have fallen into exactly this trap.

5. REMEMBER WHO YOU ARE TALKING TO

As pharmaceutical marketers we need to remember that when making the shift from communicating with healthcare professionals to talking to consumers, we are going from speaking at a post-graduate audience level to conversing with an audience with an average reading age of seven to 10, depending on territory.

This conceptual shift is more complex than just simplifying messages delivered to HCPs. It may require a fundamentally different approach. The benefits of treatment accepted by physicians are often very different to those recognisable to consumers.

Talking to physicians about what patients want from treatment can be misleading, as they often assume that it is the same as they want themselves. As an example, a few years ago, physicians were asked what patients wanted from their rheumatoid arthritis treatment. Their response was that patients wanted the disease progression to be slowed down. When patients were asked the same question their answer was symptom-based and short term; they wanted getting out of bed tomorrow morning to be easier.

6. SEGMENT IN A PRACTICAL MANNER

Moving from an audience of a few tens of thousands to one of potentially millions makes segmentation even more critical. Failure to accurately segment could mean much of your investment is wasted or, worse still, you miss the target audience altogether.

When segmenting consumer audiences it is common to use the same techniques applied to a medical audience, in particular attitudinal segmentation. This is highly appropriate for an easy to define audience, eg, cardiologists, who are most often reached through personal contact via the representative.

When carrying out consumer campaigns, this form of attitudinal segmentation is very useful to decide on a creative approach and the type of messaging and content required. Attitudinal segmentation is less helpful in finding this audience in the first place. In order to drive the correct media and channel choices, attitudinal segmentation must be supplemented by other data (eg, socio-demographics or behavioural data) that allow you to identify where to find your target audience, and what do they read/watch/listen to or do? This will allow you to target your media on the group of people who are:

• Most likely to have the condition that you are interested in
• Most likely to respond positively to what you are offering
• Most likely to benefit from the information you wish to exchange with them.

In many cases consumers can be further segmented when they respond to your campaign by asking very simple questions such as:

• Have you consulted your doctor previously for ‘X’?
• Are you currently on treatment?
• How long have you been receiving treatment?
• Have you stopped taking a treatment for ‘X’ previously?

Their position on the customer journey is often the single most important fact in tailoring the messaging that they receive in the first communication. This is critical to demonstrate to the patient that you truly understand his/her needs. Demonstrating a lack of such understanding at this stage will mean that the respondent will feel disappointed and will tend to disengage from further communication.

Ask yourself, what is it the consumer thinks/feels/believes that can be used to drive an appropriate response?

The shift from communicating with HCPs to talking to consumers is more complex than simplifying messages

The consumer’s position on the customer journey is often the most important fact in tailoring the first communication
8. ENSURE CONSISTENCY WITH OTHER STAKEHOLDER ACTIVITIES
The key risks of failing to integrate consumer campaigns with activities aimed at other stakeholders are:

**Message dissonance** – consumer campaigns are often highly visible to physicians and other healthcare-related audiences. If the messages delivered by the consumer campaign are out of line with those delivered by the company and/or brand to other key audiences then the position of the brand itself can be severely damaged.

**Hostility to the programme** – to avoid wholesale rejection, it is critical to keep stakeholders in the loop when developing a consumer campaign; keeping them informed of its objectives and, in particular, its benefits to them and their patients. There are several examples of consumer campaigns that failed to take into account the interests of other audiences, particularly physicians, and ended by being complained about into oblivion.

9. FULLY INTEGRATE YOUR PUBLIC RELATIONS
The existence of a large patient programme is often a newsworthy event in itself. The role of PR in planning and implementing consumer campaigns should go much deeper than simply penning a press release about its launch:

- **Ensuring KOL endorsement**, as required
- **Gaining approval from relevant patient advocacy groups**, as appropriate
- **Ensuring that consumer media activities drive recruitment by embedding the response mechanic (URL, helpline number) in any coverage**
- **Developing an issues management strategy for potentially controversial campaigns**
- **Ensuring consistency of message between consumer and other stakeholder PR.**

10. MEASURE WHAT IS IMPORTANT
Measurement can be time-consuming, complex and expensive. It is critical, therefore, that measurement is focused on what is known to be important.

The business modelling process should deliver the KPIs and expected outcome against which the progress and success of any consumer campaign can be measured. Once these KPIs are identified, the appropriate baselines can be set, against which progress is measured.

Measurement allows the monitoring of a campaign on a continual basis, to ensure that its performance is on track to deliver the expected outcome:

- **Patient recruitment rate**
- **Survey response rate**
- **Proportion of patients providing data.**

Deviation from the expected values allows corrective actions to be taken before such variance becomes critical.

In markets were such activity is allowable, such as the US, it is normal to track sales in territories where the programme is active, versus those where it is not, to assess the effectiveness of promotional direct-to-consumer campaigns.

In most countries neither this type of activity nor measurement is allowable, therefore other criteria are more appropriate for measuring the results of non-promotional campaigns. These are usually a mix of data sources, coming from within the campaign itself and from external commercial sources, eg:

- Rates of consultation/treatment for the subject condition
- Consumer survey reported behaviour change
- Physician consultation
- Remained on treatment
- Increase in time on treatment (for adherence programmes)
- Awareness/understanding/attitudes to condition
- Other stakeholder attitude towards the condition/campaign.

Taken against the established baselines, these output measures allow the effectiveness of the programme to be accurately evaluated.

CONCLUSION
Communication with the consumer, over and above simple disease awareness campaigns, can look complex and daunting, particularly from a legal and regulatory point of view. But this legislative complexity is not unique to the pharmaceutical industry, there are many heavily regulated markets, such as financial services, in which consumer communication is the norm.

It is through the use of the tools and techniques developed in these consumer markets that pharma firms can intervene to have successful relationships with their end users in which all parties (patient, physician and payer) can benefit.

If this article leaves you thinking that your brand could benefit from the approach described then I offer one last piece of advice: start simple and do something – ‘a little doing’ will be far more effective than ‘a lot of hypothesising’.

Author

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