Harry Sharman and Debbie Allman believe the future of pharma marketing is in understanding the way our unconscious influences our decisions, and turning that into a force for change

There has been a lot of doom and gloom about the pharmaceutical industry in recent years, with drying pipelines and regular restructures. Working in the industry, it is easy to find it all a bit hopeless as we watch our beloved world ‘go to the dogs’. However, these changes can be seen as an opportunity. Yes, the days of the big blockbusters are gone, but working in marketing with products that fly off the shelves does not present the same intellectual challenge that a more limited pipeline, with increased generic competition and smaller healthcare budgets, presents.

Increased competition in pharma marketing has caused it to evolve over time as more weapons are added to the armoury to better compete. This arms race of pharma marketing has been fought first through the rational and then into the emotional realms of persuasion.

As an example, take a look at one of the world’s biggest selling depression drugs - Otsuka’s Abilify (aripiprazole). Their positioning in the depression market targets the ‘add-er’ segment, improving control in patients with unresolved depressive symptoms. This can be considered the rational or functional reason for choosing Abilify. But it is the emotional element of the positioning that really differentiates the brand: “Abilify teams up with the patient and their current medication giving the extra support and companionship required to put depression in its place, without having to start over.” In a nutshell: teamwork, companionship, support.

This is brought to life in their campaigns through the use of animation. The animation breaks out of the mental health category’s clutter of sad, ‘real’ people and instead features the patient in control of her disease, partly by objectifying it, and instead features the patient in control of her disease, partly by objectifying it, and softens the topic of depression making it seem more manageable.

Abilify, then, is positioned to give the patient a sense of personal strength through companionship with the drug: “we will get through this together - you’re not alone”.

Abilify is one of many examples of brands balancing the emotional and rational to gain the competitive edge.

As with all incremental improvements in competition, however, the arms race cannot continue to be fought forever using the same weapons, since increasing improvements in the balance between the emotional and rational will give ever diminishing returns.

So how do we shake this up? Well, we at consultancy firm Strategic North believe it is time to redefine the battlefield for the next step in the arms race and start to think about the irrational and the unconscious. The new marketing paradigm

Before we get into the detail, at this point we wanted to pre-empt some challenges we expect to this paradigm shift in marketing practice. Namely, that the pharma industry is evidence-based and evidence-lead, therefore clever marketing techniques might work when selling toilet roll, but selling medicinal products and influencing healthcare professionals is a different beast and different rules apply.

This is a good challenge, and we do not disagree that there is a distinct difference between the marketing challenges faced appealing to toilet roll customers and reaching prescribing customers. However, to be a little reductionist about this, both parties are making a choice, and the fact is that all choices are affected by heuristics and biases.

There is also strong academic evidence to suggest that prescribing decisions are influenced by marketing and sales, as well as the multi-million dollar research industry built on the back of campaign tracking - not to mention the countless brands like Abilify who feel the tug on the emotional has given them an edge.

With that in mind, and thinking that pharma marketing is in the game of influencing choice and behaviour change, it makes sense to understand what influences choice, and shed some light on the power of the irrational and the unconscious.

The theory
A common buzz word in marketing at the moment is ‘Behavioural Economics’ (BE). BE is the study of economics through the lens of understanding that people do not make decisions rationally, and understanding how to apply that to improve economic outcomes.

It is the antithesis of neoclassical economics, which has all players making calculated and rational decisions in all walks of life. It is a clever merge between decades of social psychological research and core economic principles.

Relating this to pharma marketing is the same idea that pharma customers were once presumed to be - and sometimes still refer to themselves as - rational beings, and make calculated rational decisions. In BE, these individuals are called ‘Econs’ because of their objective and rational behaviour. The problem in economics is that Econs do not exist outside theoretical models; instead in the real world we are human beings who do not behave rationally and objectively.

Objectivity with choice is easy to understand when we consider the BE term of ‘choice architecture’. This is based on the simple premise that the way choices are presented will influence the choice-decision that is made. In fact, the principle states that it is unavoidable for a choice not to be influenced by the presentation of options.

Choice architecture is particularly influential when the choices to be made are complex and/or not made often, but it also works well in simple day-to-day decisions too.

It is easier to understand choice architecture with examples. So, you walk into your work café and out in front of you are a number of different buffet lunch options. Are you more likely to choose the healthy salad option if it is the first bar you come to? If all the junk food is sitting next to the check-out, are you more likely to choose it? If you are holding a salad at the check-out, does that make the junk food option more or less likely? In these scenarios, it is important to point out you have a choice to pick whatever you like; however, your choice is influenced by how the options are laid out to you - i.e., the choice architecture.

As an example of café-based choice-architecture in practice, at Google’s Manhattan office, they were so concerned about the health of their ‘Googlers’, that they recently moved their confectionery out of gravity bin dispensers and into opaque jars. What were the results? Googlers fat intake from confectionery decreased from 25% to 11 per cent.

Again, importantly the option to choose was still there, but the ‘how’ of choice was altered. Therefore the role of the choice architect - the person who lays out the options - is important as they can influence and ‘nudge’ individuals towards a particular choice.

This nudge is the key tool in the choice architects’ armoury of weapons for behavioural change. Combining an understanding of choice architecture, nudges and some unconscious biases and heuristics can, we believe, have powerful implications for pharma marketing.

To make these concepts more tangible, we have selected two currently topical examples where understanding and considering these drivers could significantly improve outcomes:

- Sales force effectiveness
- Patient adherence.

Sales force effectiveness
As one of the authors used to be a sales representative, and we have worked with sales forces in many capacities, from research through improving effectiveness, we thought this would be an important area that could be improved by understanding unconscious motivations.

Sales representatives (and for clarity this phrase is used to include all customer-facing field staff) are in the game of influencing behaviour. Reps want physicians to come away from their discussions deciding “yes, this is a better product for x-patient, I will use it more often”.

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Co-operation between customer and supplier - cost efficient solutions with assistance from the secondary packaging manufacturer

As the trends within the pharmaceutical industry have changed and developed, so have the demands placed upon the packaging supplier. In the past, simply manufacturing and delivering components to an agreed timescale was seen as a successful partnership. Communication between the customer and supplier was minimal, and mostly confined to dealing with delivery dates and invoice queries.

Today, customers and suppliers look to build long-term effective and efficient relationships, growing and supporting each other. The customer supplier partnership is now filled with a greater customer service, business intelligence, and review and development meetings, continuous improvement projects which run alongside any number of exercises concentrated on cost reduction. The role of packaging supplier is not just to sell, but to augment the whole buying process and add value wherever possible.

The prerequisites and demands placed upon pharmaceutical packaging are forever evolving. The simple cartoon of the product information leaflet. As a result, pick-up doubled. Clever use of the ‘default’ option is another case where changing the choice architecture can nudge individuals in the desired direction.

Pharmacists in Ohio have managed to successfully use defaults to nudge their patients toward regular cancer screenings by giving them a default appointment date and time. The patient must then opt out of the appointment by calling or be charged a fee. In addition, by allowing patients to take ownership of their next appointment, attendance increases. In Bedfordshire, UK patients were asked to write their own appointment times down and repeat them back out loud to the receptionist staff.

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