As healthcare marketers our ultimate aim has to be improving the health of particular patients through the appropriate and correct use of the products and services for which we are responsible. Easy to say but potentially hard to achieve perhaps, given we are not the ultimate arbiters of how the patient is treated overall. Even so, that’s what will result in the commercial returns we are tasked to deliver as an organisation.

Over the last 20 years we all know how much has changed in healthcare delivery. The autonomy of choice of healthcare practitioners has been constrained as individual healthcare systems come to terms with increasing patient expectations, the availability of more effective but also more expensive treatments, an increasing demand for healthcare from increasing and ageing populations plus finite resources to meet these demands.

With those market, customer and competitive landscape changes have come increasing challenges for a marketing organisation such as multiple stakeholders, demands for more evidence of cost-effective outcome, smaller differentials between alternative treatment options to name but a few.

Yet the fundamentals of marketing have not changed. Responding effectively to customer need should be at the heart of what every marketer does and without meeting a customer need it is very hard to demonstrate ‘value’. A focus on outcome/result not input/effort is critical to ensuring we are effective, as commercially we are not rewarded for effort but result.

Yet in judging a proportion of the categories for the 2015 PMEA Awards it is apparent how far many marketers still lag behind what has been considered ‘excellence’ for many years.

Let’s start with the customer. As a marketer we should place the customer, whoever they are, at the core of everything we do.

Focusing on the customer

So, if we have a business challenge, eg our product is underperforming, we need to frame the solution to that challenge around the customer. How can we help the customer achieve his objectives/meet a defined need better than he can do at present through the appropriate use of our product? We should take a ‘market-in’ approach, not one that is ‘commercial-out’, ie focused on what our challenges are, rather than the customers. That’s not to say we ignore our problem but rather that we work hard to find a mutually beneficial solution that improves outcome for the customer, and ultimately for the patient, which will lead to an effective commercial outcome as well.

It's not easy to do when you are up against it, with limited product differentials, restricted budgets and tight timelines. However, if we are to be truly effective we have no choice. We really do need to find that elusive needle in the customer haystack that will unlock the opportunity for our brand. In many of the examples I have seen recently it is often about our business challenge not the customer need. The best examples, and those that clearly were the more effective, were those that truly understood the customer’s situation and used that to make a compelling case for change. This is not rocket science!

Also, for marketing to be truly excellent and optimally effective, we need to know what we are trying to achieve in tangible, measurable terms. Every marketer I have worked with has understood the definition...
of the term ‘SMART Objective’. It’s a real shame, therefore, that based on the recent sample I have seen, so few marketers can frame one. Of course the path from marketing/commercial effort to a filled prescription has many steps, as does the patient’s journey from recognising a problem to receiving an effective treatment for the right condition. I believe if we are to be truly excellent healthcare marketers then we need to be judged ultimately on how we improve healthcare delivery and patient outcome. This may be hard to keep front of mind when we are preparing marketing materials sometimes. However, that’s the acid test.

So when we are trying to frame our SMART Objectives, perhaps we should first think about output/outcome. Our particular tactic may not translate directly or immediately into increased prescriptions but to be truly effective we have to know and show how we are changing healthcare practice. Too often we see laudable ‘goals’ but not objectives, ie with hard measures of what we are trying to achieve by when. I know if we commit to a number, eg number of doctors influenced; changes in prescribing preference, then we will be held accountable, but if we are to develop and become truly excellent then we need to measure our efforts. If we do not achieve the defined result then we learn, adapt and come back stronger. If we overachieve then again we learn, adapt and come back stronger as we now know what is feasible.

If we are to secure financial support for our efforts then we need to be really clear internally about what we want to achieve and what it will/has cost, so we too can demonstrate cost-effectiveness to our stakeholders.

**Looking to the future**

So what of the future for marketing excellence and effectiveness?

It’s not going to get any easier, that’s for sure. All the current trends suggest increasing pressure on healthcare services that will feedback to us the suppliers. Increasingly I believe we will have to work with our healthcare stakeholders in helping them improve outcomes. This is already happening to a limited extent but as an industry we will need to adapt our commercial approach to bite this hard bullet.

Many companies seem to shy away from this approach, but I am not sure why. Yes it is hard being time, labour and potentially resource intensive. Of course it is easier for a marketing/commercial team to think through, develop and implement a new ‘initiative’, be that in communication, medical education or online. However we need to ask ourselves, how many of these really change healthcare practice and drive commercial success?

Developing a shared agenda with two parties that have very different objectives can be a challenge. When you see it done well you realise how powerful it can be. My first experience of this was a structured programme by a market leader to help identify, correctly diagnose and then optimally treat patients with a chronic condition. The key element was a desire among HCPs to do just that. The healthcare company had to do this at arm’s length but it was no less effective for that. HCPs signed up for a five-step process requiring limited but important pre-work and defined post-education actions. What was particularly impressive was that HCPs continued to carry on the post-education actions even after they had completed the minimum requirements. A truly effective behaviour change programme.

So what will ‘marketing excellence/effectiveness’ look like in five years’ time? I firmly believe the core elements will be the same as when I started my first ‘journey to excellence’ in 1989 - I even still have the t-shirt (see above).

The customer must be at the front and centre to everything we think and do; the better we understand the customer and his challenges the more successful we will be.

Our focus must be external not internal. Worrying about how we can help customers achieve their objectives through the appropriate use of our products and services is key. It is not about looking at our prescription data and trying to squeeze a few more scripts.

All our effort needs to be linked and linkable to outcome/result not effort/input. The more we are seen as a trusted partner with our customers the more successful we will be.

Pursuit of excellence is a journey. The tactics might change but the essence remains the same: customer focus.

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**‘We need to be judged ultimately on how we improve healthcare delivery and patient outcome’**

Dr Paul Stuart-Kregor is a founding partner of Cello Health Consulting and a member of the panel of judges for the 2015 PME Awards. For further information about Cello Health visit www.cellohealth.com