Make no mistake about it, the promotion of drugs—and especially the promotion of new launches—still needs to be a vital part of any pharmaceutical company’s commercial strategy. A recent study by IMS Health looked at more than 4,000 launches in eight countries (the United States, Canada, the UK, Spain, France, Italy, Germany, and Japan). Promotional spending accounted for more than half the variation seen in launch behavior in five of the eight countries. In the United States, the figure was closer to two-thirds.

“That’s a huge amount,” says David Gascoigne, Vice President of Global Promotion Management for IMS. “It really demonstrates the value of promotion during the first two years in market.”

But although promotion is still a strong driver of brand performance, market pressures are weakening the promotional response, particularly in the area of personal promotion. The IMS study illustrates a troubling loss of efficacy in one key promotional area: detailing. IMS looked at the response to detailing across the countries in the study and compared the effectiveness of detailing for brands launched post-2000 with those launched pre-2000. “Across all those countries, there has been about a 17 percent decrease in the effectiveness of detailing as a driver of market share,” explains Gascoigne.

The news was not all bad, though. The best details continued to have a strong effect on physicians. An IMS study of the statin market, based on prescribing behavior that occurred between November 2002 and October 2004, found a strong relationship between how physicians rated the quality of the detail and
We have different types of customers, and it’s incumbent upon us to recognize those differences and approach the different groups in different ways so we can maximize the effectiveness of our messaging. We can’t do it like we always did, with a cookie-cutter approach.

—Suneet Varma, Vice President & Global Business Manager for Neuroscience Marketing, Wyeth

their change in prescribing behavior. The impact of details in the top quintile for perceived on new prescriptions was over four times greater than those for the lowest-ranked details.

“There is a very strong relationship between the increase in the number of prescriptions in the period after the detail and the rating of the detail,” says Gascoigne. “And it was a magnitude greater for launch brands. Although the quality of the detail is important for in-market and mature brands, it is imperative for launch brands.”

The question, then, is how to ensure effective detailing—and especially, how to ensure that the right message makes it to the right customer through the right vehicle to encourage changed prescribing behavior. That was the subject of a recent Webcast, sponsored by IMS Health in conjunction with Pharmaceutical Executive magazine. The participants, in addition to Gascoigne, were Suneet Varma, Vice President & Global Business Manager of Neuroscience Marketing for the Pharmaceutical Business Unit of Wyeth, and Cassie Hogenkamp, Director of Market Research & Analytics for Astellas Pharma, US. This document summarizes the high points of the discussion. (To view the complete Webcast, visit www.pharmexec.com/message.)

There are several stages to improving messaging, explains Gascoigne. “I strongly believe that research-driven physician segmentation is a prerequisite. Second, the use of disciplined processes to consistently refine messaging is definitely essential to long-term success. But we can go further than that. Today, we have the tools and techniques that let us link message directly to brand performance. By using these tools to achieve a greater understanding of the message and its impact on brand performance we can ultimately develop more effective messaging strategies—and achieve greater revenues. In this day and age, that can’t be ignored.”

RIGHT DOCTOR, RIGHT MESSAGE

“Effective messaging is easier to talk about...
than to do,” says Wyeth’s Suneet Varma. “Essentially it means taking the right message, putting it through the right vehicle to reach the right customer, measuring the effect it has on the customer’s behavior, and then ultimately going back and doing it all over again. Your best starting point is the customer, and if you keep in mind the customer’s point of view, that will best inform you what to do and how to do it.”

Varma and the rest of the Wyeth team have been focusing hard on the customer point of view in the past year or so, as the company has set about reinventing its operations under a sweeping program called Springboard. “Springboard was an initiative that looked at any and all aspects of the Wyeth operating companies to see how we can improve our efficiency and effectiveness,” Varma explains. “Specifically we looked at our clinical research and development plans, our back office processes, and the way we sell and market our products — how we communicate about our products to our customers.”

This last Springboard initiative, known in-house as Commercial Excellence, has involved a close look at both the primary care and specialty selling models, as well as marketing.

“The first thing we talked about was who are our customers?” Varma says. “Who do we need to be communicating with?”

The company found that its doctors broke into four chief segments:

**Independents** prefer to go it alone, Varma explains. “They don’t value interactions with pharmaceutical representatives. They don’t value interactions with pharmaceutical companies. They rely on independent, evidence-based materials.”

**Transactionals** value contact with pharma companies principally for samples. They’re cost-conscious and slow to try a new medication. On the other hand, they’re the group most receptive to patient preferences.

**Knowledge Seekers** are interested in educational programs offered by pharma companies but have little use for informal talks or even samples. They are the least receptive to patient preferences.

**Relationship Seekers** look forward to interactions with reps, companies, and other doctors. They value both samples and company-sponsored education and tend to be earlier adopters of new drugs.

“We have different types of customers,” says Varma, “and it’s incumbent upon us to recognize those differences and approach the different groups in different ways so that we can maximize the effectiveness of our messaging. We can’t do it like we always did, with a cookie-cutter approach — the same message delivered the same way to all of our customers.”

Segmentation is just part of Wyeth’s new selling model (see chart on page two). The full array of changes includes a shift from shared physician targets to individual responsibility, from single-product sales to a portfolio-based approach, from rep incentives based on volume to incentives based on value created, and from a focus on in-person selling to a more balanced mix of personal and nonpersonal approaches.

“A mix of personal and nonpersonal promotion is very important in dealing with our customers today, where in the past it was all about heavy personal promotion,” says Varma. “Based on our segmentation, it’s clear why these different vehicles would need to be considered. If I am an independent doctor, I do not value my relationship with my pharmaceutical sales representative, or I don’t value my relationship with the pharmaceutical company, and maybe more emphasis should be put on nonpersonal promotion and other vehicles that are best suited to that sort of customer. If I have a customer who is highly relationship oriented, well, heavy personal promotion may still be the way to go. It’s important to think both of the vehicles you use to communicate with your customers and the types of customers that these physicians actually represent.”

In addition to changing its approach to primary care, Wyeth has also initiated changes in its specialty franchise and in marketing.

“In specialty, the issue is not as much about access,” says Varma. “It is also about knowledge, and the value we can bring to the specialist practice. Again, we have been segmenting our customers and determining which vehicles would be best in terms of delivering messages to them. But we discovered two things. One is that we can enhance our specialty skills through upgrades in training and the second is we really need to tailor our marketing and selling tools. Those two aspects really differentiated our approach in the specialty selling model as opposed to the primary care selling model.”
Wyeth’s changes in marketing flowed from the company’s new insights about consumer needs. “The selling model will segment the customer and change the vehicles we use to reach the customers,” Varma explains, “but we can’t just give the same message to every single rep and ask them to be successful with each and every customer. We need to tailor our messages internally. So marketing becomes a feeder system for the new selling models, and all of this has to work together for us to really transform the way we deliver messages commercially in the marketplace.

THE ROLE OF MARKET RESEARCH
Giving customers what they want isn’t a one-shot process, of course. The cycle of creating, evaluating, and revising is an essential part of effective messaging, explains Astellas’s Cassie Hogenkamp. She breaks the process into four reiterated steps:

Prepare and Develop “The prelaunch part of preparation and development can take many years,” explains Hogenkamp. “But in the post-launch environment, you’re also preparing and developing all the time.”

Integrated Platform “The key next step is to ensure that you have an integrated platform,” says Hogenkamp. “Take a look at the your sales messages, the messages in your publication planning, the medical education

Generating messages that influence prescribing behavior is a continual process

Prepare and Develop

Monitor and Adjust

Integrated Platform
(Sales, Publications, Med Ed, Media)

Consistent Implementation
strategies, and your media, whether it’s direct to patient, direct to consumer, or aimed at professionals.”

Consistent Implementation “As your messages evolve, timing becomes important,” says Hogenkamp. “It is important to ensure that your strategy is consistently executed, so you have control over what message is delivered to whom, and when and how it is delivered.”

Measure, Monitor, and Adjust As more data become available—and as the playing field changes—even the best planned messaging strategy has to accommodate. And even the best revision needs to be correctly executed and monitored and adjusted again. “The process is ever-green and never ending,” says Hogenkamp.

Market research needs to play a key role in this message-development cycle, and Hogenkamp offers a case study to show how the process works.

Some background:
The product was one year post-launch in a competitive specialty market, but it was supported by a PCP sales force as well.

Share of voice lagged behind competitors, and multiple market research projects pointed to a consistent trend of message recall rates that fell behind industry norms. Messages weren’t breaking through competitive noise.

Physicians reported a disconnect in identifying patient types. They feel that the brand is trying to be all things to all people.

A product on the way out? Not necessarily. The team created an action plan for the brand that took its messaging problems into account and that focused efforts on targeting as well as messaging, “in essence,” says Hogenkamp, “hitting the mark and hitting the mark right.”

The plan included several key elements:

Positioning The brand’s positioning was validated, and the team engaged in a “repositioning” project to ensure that they truly understood where the product was intended to sit in the marketplace.

Refining Market research was used to refine messages and develop new ones aimed at target segments and specialties.

Segmentation A sophisticated analysis using secondary data analytics as well as primary research looked not just at prescribing behavior but also attitudinal behaviors. This led to a refined segmentation of customers.

Reach and Frequency were shifted and messaging was aligned to by segment.

Patient Profiles were created to link key messages and to eliminate the problem of physicians (and reps) not understanding who the product was really intended for.

The results of this cycle of study and revision were positive. “We saw an increase in new patient prescription rates, and we saw that we were trending as the fastest-growing product in its marketplace,” says Hogenkamp. “The competitive share of voice improved. We also noted that our message recall began to show separation versus our competition.” The sales force also reported that they were better aligned with sales materials. Related campaign tracking reports showed differentiation and breakthrough of messaging above industry norms.

“As industry professionals, we need to be open to seeing what is working and what is not,” says Hogenkamp. “There are a lot of people involved in the process, and so we need to be open to the big picture. We also have to be flexible, because a change of course may be needed at some point, and the team need to work together to act quickly.

“It is important to maximize our resources, and we can do that by utilizing straightforward market research and various analytical solutions,” she continues. “Certainly market research and the analytic functions are key elements to the process. We have a lot of data available to us. It’s important to sift through it and critically and objectively identify any gaps. We need to be able to tell the story and take action as a collective team to make things happen.”

OPENING THE BLACK BOX

The messaging “supply chain” has many steps, from defining the brand positioning, to creating and improving brand messaging, building ad campaigns, training the sales force, and executing the details. Ultimately the physicians take action and prescribe or fail to prescribe. For pharmaceutical companies, the most crucial phase takes place between the detail and the physician’s action. It is when the physician, having experienced the detail, decides what he or she will do based on it. It is the moment of influence—and it is the most difficult part of the chain to study and understand. It is the “black box” that resists being understood.

“A lot of market research focuses on what was said and what was heard,” says David
Gascoigne. “But can we take it one step forward into the black box of messaging? Can we begin to understand what the impact of the message has been on actual prescribing behavior?”

The answer today is yes, though the field continues to evolve rapidly. Companies now have access to a wealth of data that comes from promotional audits and custom research. Traditionally, it has been difficult to analyze this information in a way that uncovers the relationship between messages and physician prescribing behavior. But that is changing.

“What we now have across the industry, says Gascoigne, “is a smarter use of promotional data and new technology that allows the tracking of message recall across the world. By tracking physician verbatim comments we can do many things: We can monitor status within the market. We can monitor the messages being used for products and how these messages change over time. We can also begin to get a feel for how credible the messages are, how relevant they are, and what their ultimate impact has been on brand performance.”

A case study shows the insight that can come from this deeper analysis of the data.

Background: The case covers the overactive bladder (OAB) market from August 2004 through June 2005. At the time, the brand leader was Pfizer’s Detrol LA, but the market quickly became quite active as several new products were launched in December 2004 and January 2005. The new entrants included VESicare (Astellas and Glaxo SmithKline) and Enablex (Novartis and Procter & Gamble).

The first stage of research was simply to track messages over time. The charts on pages six and seven show how message recall evolved through the period. Detrol’s messages focus on use and indication, efficacy, and reduced side effects. When VESicare launched, it also focused on use and indication and side effects, but there was less emphasis on the efficacy.

When VESicare launched in December 2004, researchers tracked it as well, looking at message recall, intention to prescribe, and other metrics. And in fact, those metrics looked good for Detrol LA: Though there was a slight reduction in doctors who said they were going to increase their use of Detrol LA in the months after the VESicare launch, there was an increase in those intending to prescribe at the same level and no increase in the number of physicians who said they planned to prescribe less. “I think if I were the Detrol LA manager that would be a fairly positive situation given the market dynamics at that point in time,” says Gascoigne.
But good news or no, the data don’t tell us which messages are causing the physicians to react the way they do. For instance, VESIcare did a less effective job of focusing on efficacy; is that the reason for Detrol LA’s continued success, or was there something else in the blend that was causing physicians to react this way?

“It’s well and good to have the ability to track messages, and it’s useful to see the messages relative to competitors,” says Gascoigne, “but what is the impact on key response metrics? It’s time consuming to track messages, and they can be expensive and complicated to analyze. Most companies pretty much stop at this point and use results to refine further messaging strategies. That’s good and should continue, but what can we do to take the understanding to the next level.

IMS has developed a suite of metrics that are able to relate the level of detailing, the quality of the detail delivered and the relevance and credibility of the message delivered with prescriber attitudes, prescribing intent, and behavior. The metrics were applied for the three key brands in the market in 2004 and the results had strong implications. The first phase demonstrated that Detrol LA detailing had a stronger impact on brand performance than its key competitors—a 20 percent chance of influencing the doctor to increase prescribing as opposed to 15 percent for Oxytrol and 12 percent for Ditropan XL. (See the chart on page eight.)

“What does this mean in real terms,” asks Gascoigne. “In this case, Ditropan XL had to deliver 15 percent more details to have the same impact as Oxytrol. In order to catch up with Detrol LA, they would have to deliver 46 percent more details to have the same impact as Detrol LA, and for Oxytrol, 33 percent more details are required to have the same impact as Detrol LA.”

In order to understand the impact of the message we have to be able to track the frequency of messages communicated to prescribers for each key brand in the market.

A lot of market research focuses on what was said and what was heard. But can we take it one step forward into the black box of messaging? Can we begin to understand what the impact of the message has been on actual prescribing behavior?

—David Gascoigne, Vice President of Global Promotion Management for IMS
The messaging “supply chain” has many steps, from defining brand positioning, to creating and improving brand messaging, building ad campaigns, training the sales force, and executing the details. Ultimately physicians take action and prescribe or fail to prescribe.

We are now able to integrate new technology with existing promotional audits to track recall of messages. Detrol LA messages focused on use and indication, reduced side effects, and efficacy. VESiCare also focused on use and indication and reduced side effects but with less focus on efficacy.

The final stage is to link the messages directly to brand performance. Three selected messages that featured prominently in the promotion of the three OAB brands. And it is possible to show percent increase in brand prescribing related to recall of a specific message. For example, if a physician recalls the message of reduced side effects immediately after a detail there was—at least in this market at this particular moment in time—a 17 percent average increase in new prescriptions in the period following the detail. Recall of efficacy resulted in a 7 percent increase. Dosage (which was a message communicated strongly by Ditropan XL) leads to almost no change, which means in effect that Ditropan was wasting resources in communicating a message that led to no change in prescribing behavior.

TAKEAWAYS
Better messaging, it turns out, is not a single process, but at least four interconnected processes, all of which need to be optimized for the best possible outcome:

- It is imperative to quantify and evaluate the relationship across messages and prescriber intent... and actions
- Research-driven physician segmentation, which helps ensure the right communication vehicle via the right channel to the right doctor, is needed for more targeted and effective message delivery
- Consistent refinement to the overall process is key to long-term success
- Smarter use of promotional data and new technology allows consistent tracking of message recall across the world, which in turn enables development of more effective messaging strategies and greater revenues.

Today, as the industry faces numerous challenges—limited access to physicians, revenue pressures caused by patent expirations, heightened scrutiny from regulators, and severe issues of public trust—it is more important than ever that companies both guard their relationships with customers and get maximum value from their sales and marketing efforts. Delivering the right message the right way to the right customer may not solve all pharma’s problems, but it is an important step and one that needs to be taken.

To view this free Webcast in its entirety visit www.PharmExec.com/message.