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**Creating Effective
Pharmaceutical
Marketing:**

Drive Education,
Adherence and
Growth Through
Behavioral Science

Introduction

Driving greater impact in pharmaceutical marketing using behavioral science is a proven methodology to increasing efficacy, benefiting both brands and patients. Behavioral Science in marketing is not a new concept, but how it is used can greatly affect the performance and success of your strategy. For years, the phrase “beyond the pill” has been used in many contexts, including the idea of using behavioral science to impact the patient journey. However, when Konstantin Landwehr coined the phrase in his 2015 thesis [“Digital Transformation in the Pharmaceutical Industry - From Products to Services Beyond the Pill”](#), he was referring to digital transformation. Digital Transformation is a delivery systemology, not a practice in behavioral psychology applied to marketing strategy development. This fact does not make “beyond the pill” incorrect in its multi-application across marketing, but it illustrates the historic disconnect between what used to be and what can be within the pharmaceutical industry.

This series of white papers will unpack the use of behavioral science to create more effective marketing that will impact your bottom line and truly improve the lives of your patients who live daily with diseases they cannot control. The best approach is to move away from the application of secondary research applied to a siloed channel format to use behavioral science within a primary research methodology that feeds a personalized 1:1 marketing strategy.



Part 1: Using behavioral science to create bespoke strategies

Many marketers use a formulaic process when it comes to developing strategy plans. Planners tend to follow the same patient journey pathway, then wash, rinse and repeat, over and over. This process is lacking in many facets. Predominately, it misses dedicated, proprietary research customized for your brand, patients, HCPs, and the disease(s) your drug was designed to treat.

Consider what behavioral science really means: the exploration of human actions and experiences by systematically observing and experimenting to understand the patterns and influences on behavior. While this process leverages concepts from cultural anthropology, sociology and psychology, applying behavioral science is simply a fancy way to understand what people do and why they do it, to best inform how to target the right message. Taking this concept a step further, the goal is to scientifically identify what patients SAY they will do and anticipate what they will ACTUALLY do.

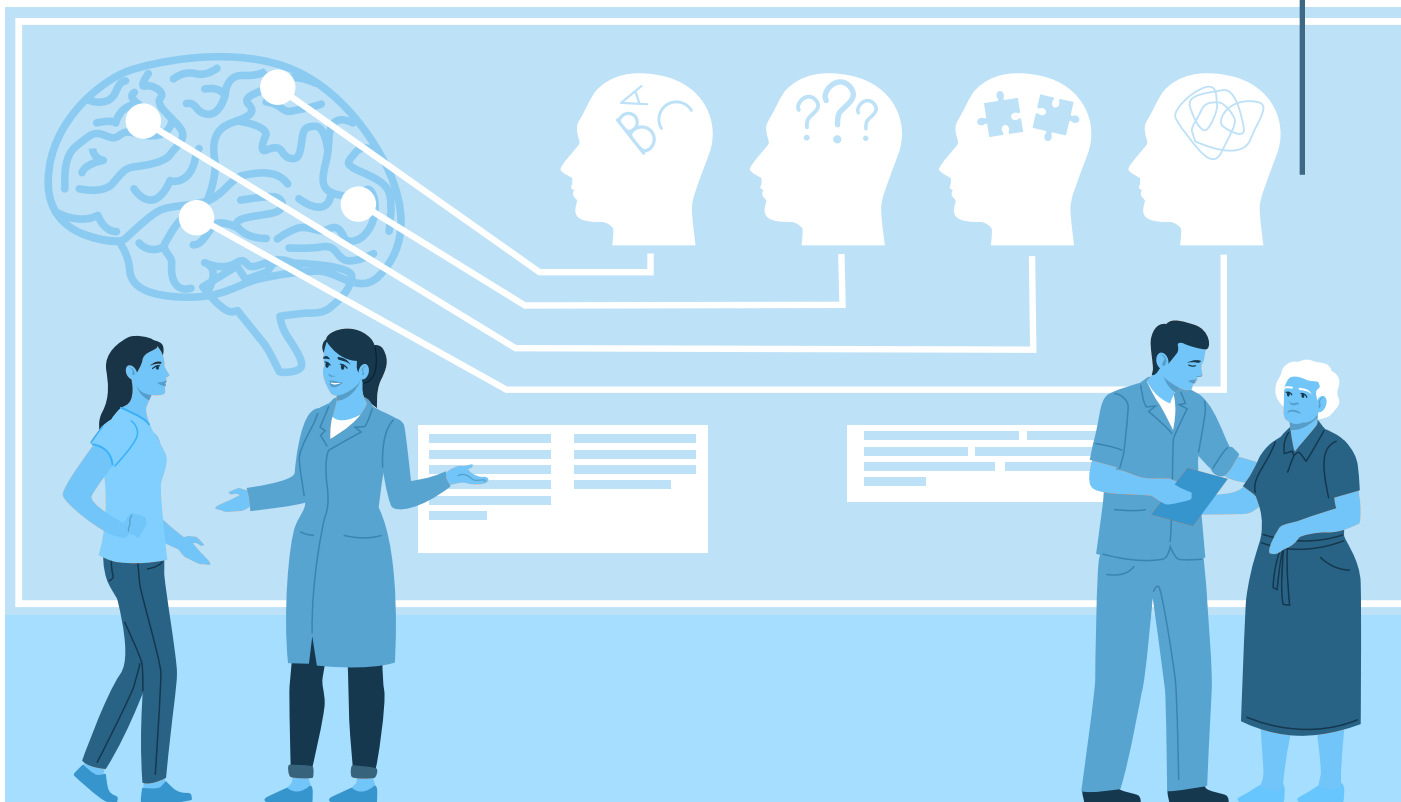
Reminiscent of how professional chefs create recipes, many ingredients go into any meal. All components are discovered and chosen through thoughtful practice and experience, creating

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amazing, memorable recipes. Developing excellent strategy is similar. We like to sprinkle in a healthy dash of behavioral characteristics and attributes, along with a helping of clinical indications, mixing in an audience-first approach to ultimately create a nimble strategy that serves your brand. Leveraging behavioral science allows us to deliver a more robust patient journey with the added bonus of how, where and when to reach multiple patients at the key points of their unique journey.

The real skill, however, is not about how to discern where a patient is within their journey, it is about understanding and designing the proper choice architecture. Richard Thaler, Nobel Laureate and behavioral economist, coined the term “choice architecture” in his 2008 book “Nudge: Improving Decisions about Health, Wealth, and Happiness” which he wrote with Cass Sunstein. Choice architecture is the practice of designing the way options are presented to people to help influence people’s decisions. It’s all about creating the right environment that makes it easier to choose the right option for the patient. Thaler’s ideas are based on the idea that people often make decisions quickly and intuitively, and therefore, are influenced by biases and psychological fallacies.

What does an economist have to do with pharmaceutical marketing? Choice architecture is about human nature and the variability, ethos, and essentially illogical ideals that impact and direct our decision-making processes. Consider yourself a patient and how you would feel if your doctor handed a debilitating or chronic diagnosis to you or a loved one. How would you react? One thing is guaranteed – other patients will react differently. The reactions of spouses or parents, the most likely patient caregivers, will also differ. There is not a universal pattern of behavior for every drug, indication, caregiver or patient type. We all have different choice models we've created through experiences, education, and a myriad of other facets of our lives. Segmenting patients into convenient categories for marketing purposes does a disservice to them and doesn't help them understand what they really need.



Essentially, primary research uncovers answers to specific questions not covered by traditional secondary and internal sources which informs and outlines the design of unique choice architectures for multiple audiences. We combine our primary research with intelligence from media tools to develop a strategy across multiple factors.

Thaler and Sunstein's research was inspired by cognitive scientist Donald Norman and his book, "The Design of Everyday Things" when they created Six Tools for Choice Architects:

1. **Understanding defaults**
2. **Expecting errors**
3. **Providing feedback**
4. **Understanding mappings**
5. **Structuring complex choices**
6. **Incentivizing**

Norman theorized that humans are bombarded with different cues throughout any given day; therefore, it is essential that products are "**designed for ease of use**". These Six Tools help refine our approach for each unique client and customer base to ensure simplicity and ease with the objective of getting a patient to say yes to your drug and not your competitors.

Pharmaceutical Design Architecture

1

UNDERSTANDING BIAS

Thoughts, behaviors, and opinions are not typically based on logic but by experiences

2

TEST & LEARN

Fail fast, fail often

3

GUIDING BY INTERACTION

Behavioral 1st party data allowing personalized 1:1 conversations

4

UNDERSTANDING MAPPINGS

Meeting patients + HCPs where they are with the right message keeping them on their path to decision

5

UNBOXING FEELINGS

Helping patients separate their feelings about their new diagnosis and reorganizing their perception

6

INCENTIVIZING

Copay plans and discounts, among others

The next part in this three-part series will continue this conversation and explore how to engage audiences without overloading information. Understanding the audience is the first step to creating a successful strategy grounded in an abundance of understanding of the disease state, coupled with patient and caregiver needs. Care to know more? Set some time to sit with our Audience Strategy team for a discussion about your specific needs and we will share how we can help you achieve your goals to create strong adherence and sales.

Citations

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