

WHAT DOCTORS WANT

6 Reasons for adopting reality-based research

Asking physicians what they want can be a fruitless task. **Meaghan Onofrey** believes the solution lies in ethnographic research

Brand managers are constantly searching for ways to engage healthcare professionals and strike a balance between proving branded messages and offering disease-state solutions. But in order to have a meaningful exchange, content must be compelling and relevant to its audience. How can marketers be sure they are getting it right?

Usually they will go directly to their customers and ask them what they want. However, the responses are often lackluster. Why is it, then, when you ask customers what they want directly they cannot come up with meaningful answers?

First, healthcare professionals “don’t know what they don’t know”—they are so immersed in their daily workloads that they do not have the opportunity to identify and articulate the problems they currently have.

Second, they don’t understand how to have an engaged relationship with pharma, in which companies are actually helping them improve their practices. They have never been in this type of relationship with the industry – so they have no foundation on which to build.

Reality-based approaches can offer a viable solution to these problems, if they are undertaken by suitable organizations. Here are six strong arguments:

1 Going beyond expected answers

Instead of asking customers what they want, ethnography allows you to observe and analyze your customers’ needs and wants in a less obtrusive way, allowing you to challenge popular belief and walk away with testable solutions and novel engagement techniques. For example, recent real-time clinical observation work in Risk Evaluation and Mitigation Strategies (REMS) illustrated that while healthcare professionals thought they had integrated REMS successfully in their practices, in truth they had not.

2 Content that can be leveraged to change behavior

Good research provides not only insight, but also the ability to execute and effect change. For example, capturing the physician-patient dialogue using an Investigational Review Board-approved model allows pharma companies to see what’s really happening in the exam room, but even more importantly, it also gives them the opportunity to share data directly with customers—and participate in the process of improving dialogue and patient care.

3 The point at which decisions are made about a brand

In the changing healthcare world, delivery systems are moving forward at the speed of light. The success of some brands hinges on transactions that take place in a hospital, while others have their moment of truth occur at a MinuteClinic, chemotherapy suite, patient-support group or cardiac rehab facility. Reality-based research gets you as close to your brand as possible by taking you where the action is—not behind the glass.

4 Opportunity for HCPs to “get their skin in the game”

Through custom ethnographic research, clients create a database of information that allows healthcare professionals to see how they really behave. Instead of ignoring or denying problems, they can be engaged in developing, testing and validating solutions. It is often difficult to engage advocacy; ethnography that allows sharing of information through publications and partnerships can bridge that gap.

5 Understanding variety of key stakeholders

Many marketers grapple with the issue of how to truly understand the role of non-physician stakeholders in their brands’ success. New approaches to watching and listening provide access to additional stakeholders, such as retail pharmacists, payers, electronic opinion leaders, nurse practitioners or hospital discharge planners. Truly gaining insight into patient adherence is only possible by looking through the lens of multiple stakeholders.

6 Maximizing budgets

Everyone’s budget is stretched thin and investments need to make every dollar count and all new approaches should look to be efficient and effective. For example, pairing together an in-office methodology aimed at understanding the physician-patient dialogue with an in-home methodology designed to observe the same patients in their daily life can provide an entirely novel approach, and answer twice as many questions as either methodology might on in its own. ■

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