

“Pharma is a foreign country: they do things differently there.”

Approaching Pharmaceutical Research from a Consumer Research Perspective

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Overview

- Different perspectives...



Physicians are different from consumers! But there are consumer tools that could help...



How do I talk to physicians? How different are they really from consumers?



Overview

- Many consumer choices are intuitive...
 - ..and consumers struggle to articulate the true reasons for their behaviour
- Research methods are therefore useful if they can draw out these hidden, 'non-rational' drivers



Overview

- This paper presents recent examples from qualitative and quantitative research:
 - Methods adapted from consumer research
 - Chosen because they had the potential to address ‘non-rational’ aspects of the decisions that Healthcare Professionals make



Decisions

- Healthcare Professionals make *considered, rational* decisions on how to treat patients
- They draw on
 - knowledge of clinical practice & guidelines
 - personal experience



Decisions

- But the decisions made by Healthcare Professionals also reflect '**non-rational**' processes, such as
 - Prejudice
 - Habit
 - Misperceptions
 - Personal priorities

*Patients
and
treatments*



Non-Rational Processes

- Non-rational processes are most apparent in areas where:
 - the range of relevant treatments is broad and undifferentiated
 - the disease is not life-threatening
 - patients play a strong part in the success of treatments

Non-Rational Processes

- In this decision-making environment, Healthcare Professionals may exhibit behaviour similar to consumers, eg:
 - Looking to brands for reassurance, to simplify the choice set
 - Trying something new for the sake of variety / novelty
 - Choosing a product on the basis of their relationship with a supplier
- This is where techniques common in consumer research are also relevant in pharma

Qualitative methods

Field approaches



- DEPTH INTERVIEWS
- PAIRED DEPTHS/ TRIADS



- ETHNOGRAPHY



- FOCUS GROUPS



- DELIBERATIVE MINI-GROUPS



- ONLINE / DELPHI DISCUSSIONS

Qualitative methods

Discussion Techniques

- *Bubble drawings*
- *Collage technique*
- *Psycho-drawing*
- *Laddering*
- *NLP*
- *Semiotics*
- *Personification*
- *Word association*
- *Mapping*

An application of projective techniques in Hypertension

- Initial in-depth interviews elicited rational responses consistent with treatment guidelines
- But this was not getting to some of the key drivers of doctors' decision making
- What was the role of doctors' personal judgements?
 - To what extent is the disease a result of lifestyle (stress, smoking, etc)
 - Perceived willingness of patients to 'help themselves'
 - Characteristics that define risk and narrow the range of treatment options

An application of projective techniques in Hypertension

- 20 Respondents were shown pictures of 12 potential patient types and asked to give a 'word picture' of each patient
- This could be imaginary, or they could mentally picture an actual patient, and describe that person
 - Name, lifestyle
 - Disease pattern, co-morbidities, treatments
 - etc

An application of projective techniques in Hypertension

- Some spontaneous descriptions:

Norma



'Elderly female, over 75, not active, on her own, poor personal hygiene'

Hilda



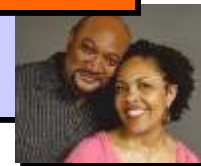
'55 year old female, middle class, will speak her mind, WI member, quite active, dog walker'

Charlie



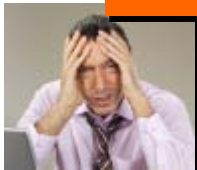
'Middle-aged male, smokes and drinks, doesn't help himself, unemployed, not compliant, cantankerous, lower social class'

Carol and Joe



'Afro Caribbean, noticeable paunch, carefree, loves cooking, big family'

Piers



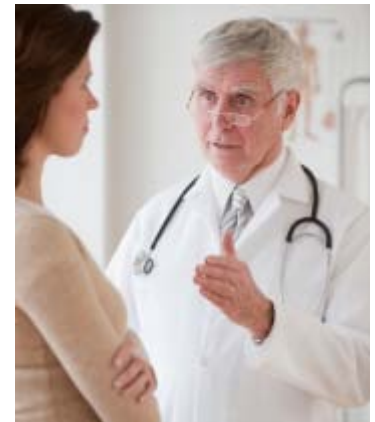
'45 year old business man, slight paunch, busy, drinks occasionally, leader of industry, Caucasian'

An application of projective techniques in Hypertension

- All the patient stereotypes tested were immediately recognisable to all respondents
 - All but one started to identify and describe the patients as soon as they saw the pictures
 - Respondents made assumptions about patients based on their appearance on first sight
 - Likely compliance was also partly based on appearance and then confirmed / amended during conversation

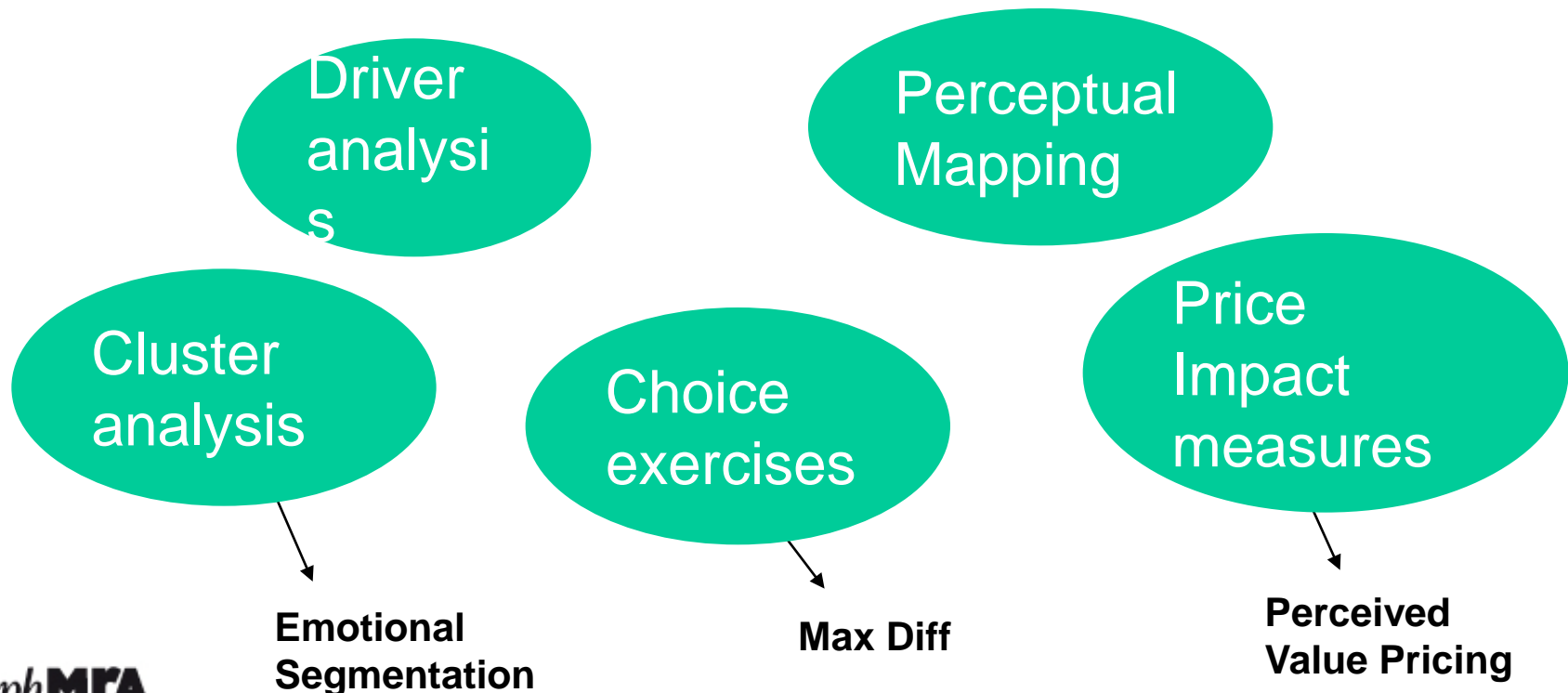
An application of projective techniques in Hypertension

- Facilitated conversations about the ‘non-rational’ elements that drive physician decision-making
- Gave insights into how companies can communicate with doctors
 - Particularly in relation to the benefits of products with respect to the different patient types



Quantitative methods

- Methods that quantify underlying drivers of consumer attitudes and behaviours:



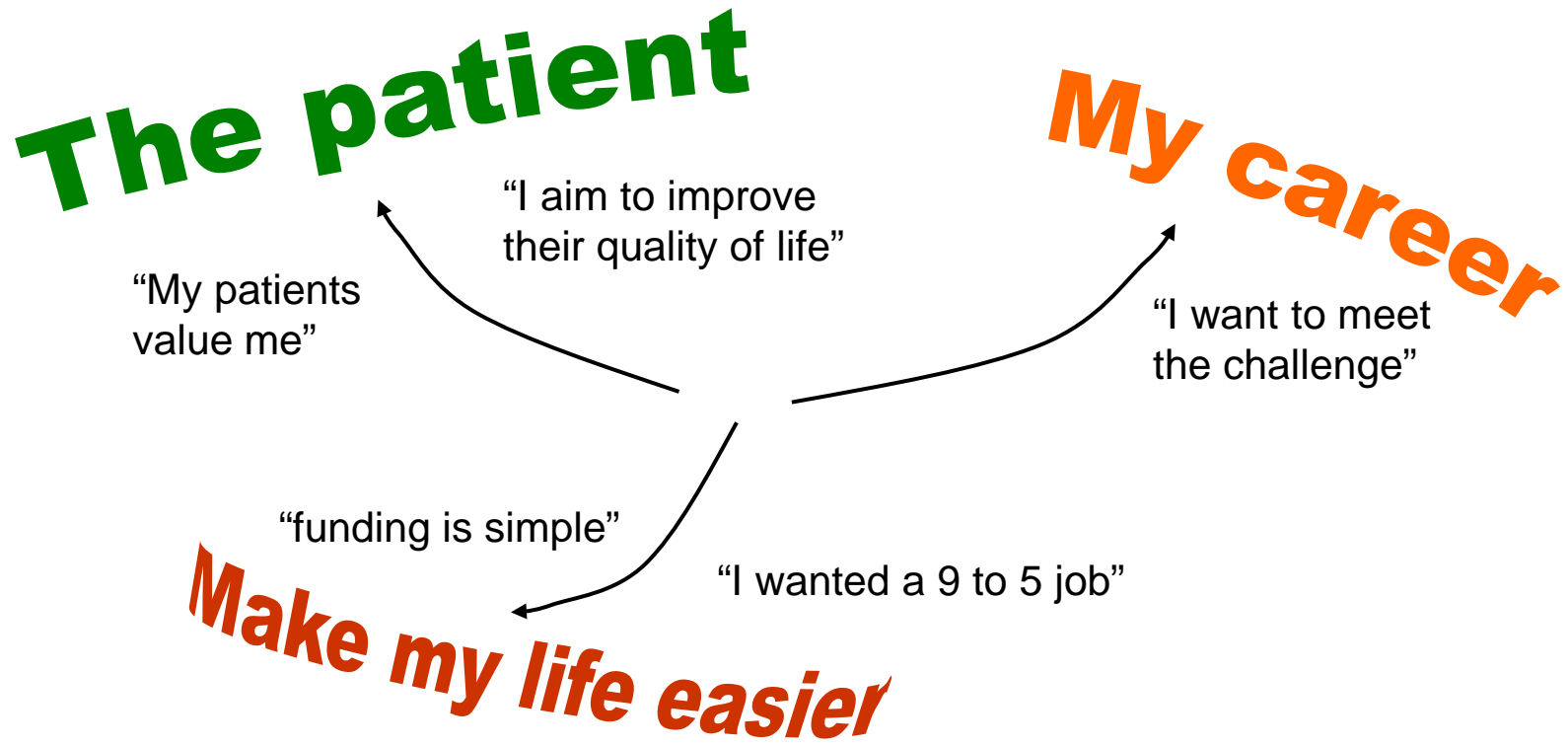
Emotional segmentation in treatment of skin diseases

- In this research we wanted to identify groups of specialists in terms of a variety of measures
 - The objective was to provide information on how these groups should be marketed to
- One part of the questioning focused on their personal needs, in terms of:
 - What they sought to achieve in their role
 - How products / manufacturers could help them achieve this
 - How this related to patients' priorities

Emotional segmentation in treatment of skin diseases

- 100 specialists rated their level of agreement / disagreement with a large battery of statements (50+)
- For each comment, they simply entered a score from 1 to 10
- This created a very rich database to which **factor** and **cluster analyses** were applied to identify key needs-based groups

Emotional segmentation in treatment of skin diseases



Emotional segmentation in treatment of skin diseases

- From this information we developed an algorithm for classifying the clients' customers, that could easily be used by sales reps, eg



A total of 13 statements could classify 94% of the sample correctly

A total of only 4 statements could classify 82% of the sample correctly

A total of only 2 statements could classify 70% of the sample correctly

The Use of Max Diff in Logo testing

- A study to identify a pack logo that would maximise appeal of an anti-emetic product to doctors
- We borrowed our approach, 'Max Diff' from typical consumer concept and logo testing
- As in consumer studies, we wanted a technique that was:
 - able to draw out the main differences between the designs
 - intuitive and easy for respondents
- Compared to *rating scales*, it is a much more engaging approach; compared to *simple rankings*, it is much more sensitive

The Use of Max Diff in Logo testing

- Max Diff presents items in a series of simple trade-offs
- It allows us to determine the rank order of items, but in a way that is sensitive across the full range of items
 - Respondents are shown a series of items in groups of four to six at a time
 - Each time they indicate which is *most* and which is *least* in relation to a stated measure (eg: appeal)
 - From this we build up a picture of the importance of the attributes relative to each other

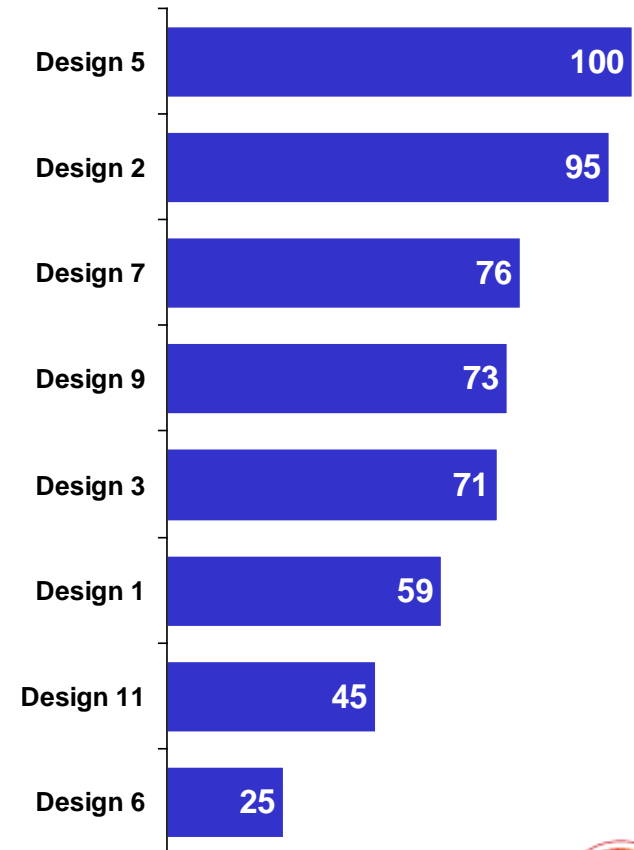
The Use of Max Diff in Logo testing

Which of the following designs conveys each of these brand attributes (best/least) ?

	Strength		Endurance		Simplicity	
	Most	Least	Most	Least	Most	Least
Design 1	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Design 2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Design 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Design 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

The Use of Max Diff in Logo testing

- We use hierarchical Bayesian analysis to estimate the relative strength of preference for each *design* and for each *brand association*.
- With this information we can then establish the rank order and 'distance' between items tested, and pick the winning design in relation to the different brand measures
 - strength, endurance, simplicity



The Use of Perceived Value Pricing in pharmaceuticals

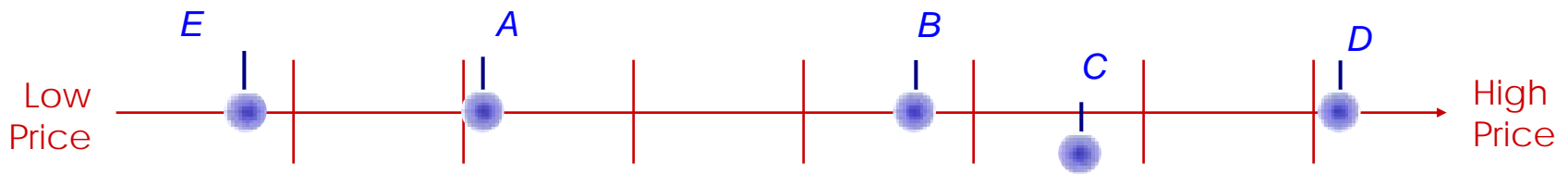
- We used Perceived Value Pricing (PVP), with other techniques, to obtain an early indication of physicians' price expectations towards a new product
- PVP can help to establish the expected price, and therefore the implied value, of a proposition in direct relation to existing therapies.
 - The positioning of the product is only an indication of price expectation and value, not actual prescribing intent.
 - It can be used both quantitatively and qualitatively

The Use of Perceived Value Pricing in pharmaceuticals

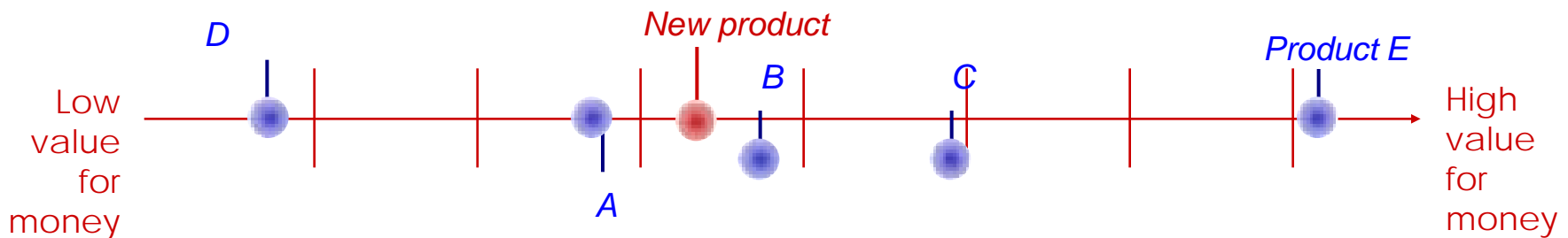
- PVP was developed for pharma, adapted to consumer, and now re-used in pharma in this consumer form
- Originally developed (by Allan Bowditch) to understand, in relative terms:
 - physicians' price awareness of current products
 - expectations for a new product
- Physicians expressed the *value* of the new product in terms of the price they would be willing to accept
- In consumer, we split our value and price...

The Use of Perceived Value Pricing in pharmaceuticals

- Respondents place each current products on an unmarked scale, first in terms of *high/low price*, then in *low/high value for money*:



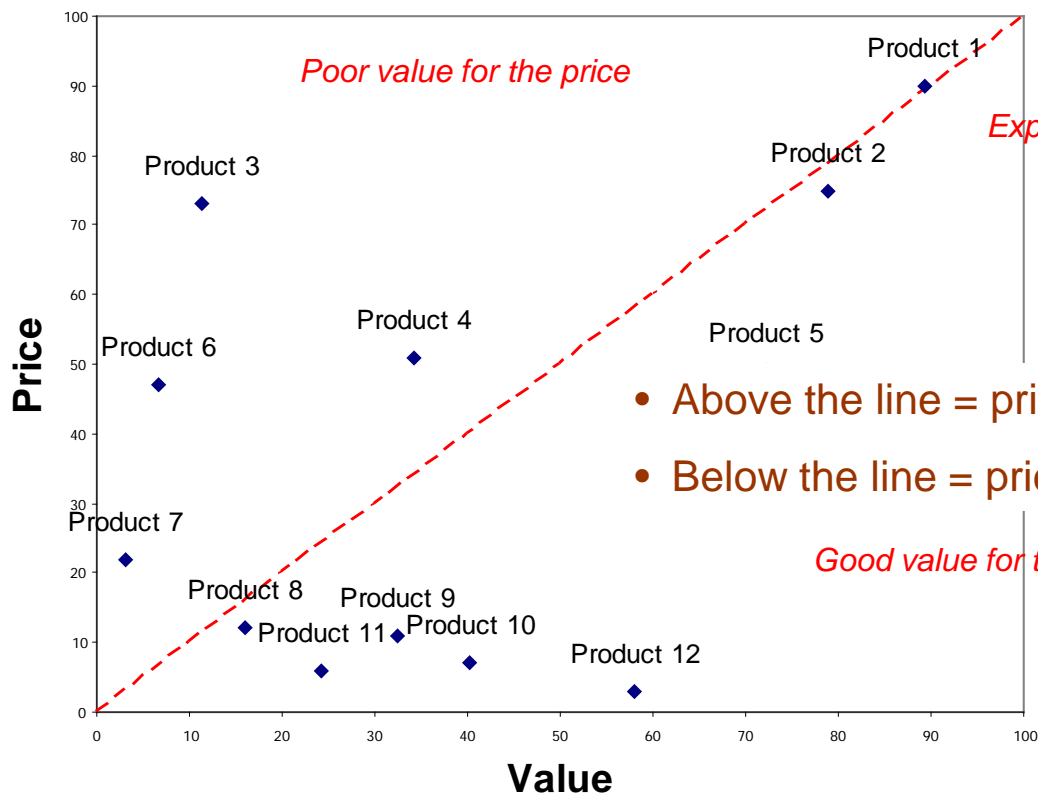
- On the value-for-money scale, we then ask them to place the new product, at a given price, in terms of perceived value:



- From this, we could infer a potential price position...

The Use of Perceived Value Pricing in pharmaceuticals

Value v Price Indices

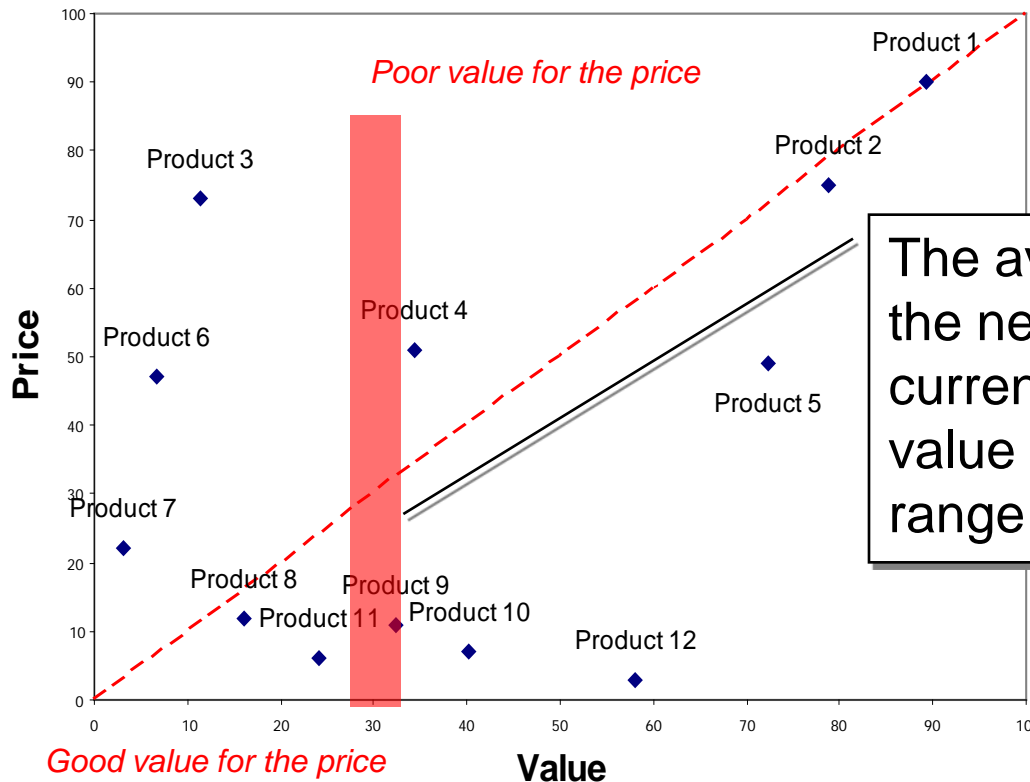


- Above the line = price is high relative to value
- Below the line = price is low relative to value



The Use of Perceived Value Pricing in pharmaceuticals

Value v Price Indices



The average position of the new product (relative to current products) on the value scale infers the range of price expectations

To conclude:

Are Doctors like Consumers?

- In their professional capacity, doctors are *not* like consumers
 - They make complex, weighty and rational decisions that reflect their training and professional experience
- But even in this context, they remain human, and in many decisions they are likely to reflect some needs that are similar to the motivations of consumers, eg:
 - Risk avoidance
 - Enhance self-esteem / confidence
 - Convenience / simplification
 - etc

To conclude:

When are 'Consumer approaches' relevant to pharma'?

- Each research method has to be assessed in terms of the question that it can best answer
 - All our experience is based on identifying an issue that has parallels with non-pharma sectors, and adapting the method accordingly
 - In many respects the decisions are not fundamentally different, even if the decision-makers are
- Simply put, a method developed in the consumer sector is appropriate if doctors' decisions suggest that consumer-like factors are involved

..And the future for consumer methods in pharma?

- Most methods developed in a consumer context are worthy of consideration for pharma, even though they may require adaptation
- It will almost always be a process of evolution rather than revolution, but occasionally new ideas will surface
- So always take the time to look at current consumer work and see how it could be useful to you!
 - eg MRS winning papers, journals, etc