

## Moving Beyond Claims-Based Messaging

There are many questions about the role of sales detailing these days. The main one, however, is *"What can be done to improve the impact and effectiveness of sales representatives and the messages they deliver to physicians?"* Physicians are trained to base their prescribing decisions on quantitative results of drug trials, along with their own clinical experience. They are generally rational beings, and therefore only rely on information that is fact-based (i.e., quantitative).



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The message development process within many pharmaceutical companies has evolved to fulfill this expectation. Beginning with claims development, head-to-head trials, and the constant presence of a regulatory committee, claims-based messaging has become the default position of most message development processes. Acceptance of this conventional wisdom leads to sales reps focusing almost exclusively on claims-based messages. And generally the same claims are presented to all physician segments.

Physicians, like everyone else, make emotional decisions about which brands to prescribe, and then back up their decisions with evidence that is claims-based and/or clinical. As such, a message that incorporates both claims-based and emotional characteristics should be a more powerful advocate for a brand than a strictly claims-based message.

### Emotional Message Development

Following the conventional wisdom, multiple pharmaceutical companies send sales reps to the same physicians with a list of impersonal facts and statistics, often trying to create minor distinctions between very similar drugs in the same category. The claims are all valid, but that's not the only factor physicians consider when differentiating among products.

In order for pharmaceutical companies to grow market share, they must communicate claims data that matters to physicians, combined with information about how that data will actually help them and benefit their patients. Effective messaging links specific claims with the appropriate emotional benefits, creating a much more effective conversation between the physician and the sales rep—and ultimately between the physician and his or her patients.

A message development study completed by CMI in December 2009 shows that messages combining data-driven claims with emotional characteristics and benefits create a more powerful statement for a brand. In addition, these types of messages allow for better targeting of physician segments. The challenge lies in developing communications that are both claims-based and resonate emotionally—in other words, messages that appeal to the physician's head and heart.

Luckily, the introduction of benefits-based messaging to the overall physician messaging process does not require a wholesale change in approach. It's entirely possible and practical to integrate benefits messages into a larger program. When this is done effectively, the brand will have a more holistic and potentially more compelling communications plan.

In this recently completed message development project, the pharmaceutical company—like most of its contemporaries—had historically focused on facilitating sales rep/physician conversations by using only claims-based messages. While the messages were sometimes crafted to appeal to distinct physician segments, the same fundamental claim was presented across all segments.

However, this particular company saw an opportunity to improve professional communications for their product by implementing a four-step message research–development process that would yield companion benefits statements to support their predetermined collection of claims statements.

There were two major goals: test head-to-head trial claims and develop messages that would resonate emotionally as well as rationally.

### **The Four-Phase Process**

The first step in the message development plan was to identify the underlying emotional context for claims-based messages. Physicians in this initial, qualitative phase generated emotional attributes (also referred to as "benefits") associated with specific claims from trials. The moderator used a laddering exercise to help physicians articulate benefits they associate with each claim.

The purpose of this phase was to develop a list of potential benefits to test in a quantitative survey in order to determine which benefits ranked highest with physicians and which benefits were most often associated with each claim. Then in real time, while the qualitative interviews were taking place, the benefits articulated by the physicians were modified by the creative and brand team watching the interviews. The modified benefits were then presented to the physicians to get their feedback, creating sort of a feedback loop. As the number of interviews and benefits built up, the balance shifted from physicians identifying the benefits for each claim to rating the benefits and associating the newly developed benefits with a claim, or with a number of claims.

Claims messages from the acid reflux category used in the study included significant reductions in episodes at one year; significant reductions in key symptoms as early as week one; and a 90 percent reduction in total episodes. In a placebo-controlled study, 75 percent reported no episodes at week 15, and throughout two-year, open-label studies, the brand maintained significant reductions.

Benefit messages like "Sets realistic treatment expectations that encourage patients to stay on therapy," and "Improves key aspects of the patient's daily life," or "Gives the physician a sense of confidence when prescribing," were found to effectively augment those quantitative claims.

In Phase II, the goal was to determine the most effective claims and benefits, and potential relationships between the two. Claims and benefits were each tested quantitatively and then linked. This led to a short list of very compelling benefits and equally compelling claims.

Using a combination of rating scales, point allocations, pairing, and ranking exercises, certain emotional benefits were clearly identified as being strategically linked to certain claims messages. Researchers then assessed the various claims/benefits combinations to identify the highest ranked combinations. The most unexpected outcome of this second phase was the discovery that distinct claims/benefits combinations resonated strongly with particular physician segments.

In Phase III, the brand team and creative agency used the claims/benefits combinations from Phase II to develop new messages for sales reps. The brand and agency team were "behind the glass" in Phase I, when the benefits statements were identified, and they created the versions used in the feedback loop and for the quantitative phase, so they were very familiar with what the physicians were really saying. This aided in the development of messages that resonated with the physicians.

Phase IV is an ongoing message-tracking study that measures the impact of the messages and continuously improves them based on the results. In a comparison, rankings of combination claims/benefits messages wound up differing from the rankings of claims-only messages—the relative rankings of message effectiveness change when a benefit is added. Some claims become more important; others, less. The resulting claim/benefit combinations were indeed more powerful in changing physicians' projected prescribing behavior than claims-based messages alone.

The discovery that some claims/benefits combinations appealed to specific physician segments and not others offered further confirmation of the potential impact of benefits-oriented messaging as part of an overall physician communication program. One claim/benefit combination might appeal to physicians who are motivated primarily by quality of life for their patients, while the same claim combined with a different benefit statement will be more appealing to those overwhelmingly focused on the clinical and business aspects of their practice. In both cases, the combination claims/benefits message had higher appeal than claims-based messages alone.

This program ultimately led to messaging that provides the clinical data physicians need in order to choose a drug within a structure that is benefits-driven. As pharmaceutical companies strive to make their sales rep communications more resonant and valuable, the addition of benefits messaging to an overall claims-driven program puts one more arrow in their quiver—one that strikes directly at the heads and hearts of physicians.

#### **Comments or Questions?**

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