How Do Empathy and Habit Marketing Fit Together?

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Two Major Themes Are Sweeping Through Pharmaceutical Marketing

The first theme is "Empathy." As promulgated by advertising agencies, enhancing the level of empathy health care providers (HCPs) feel toward patients in a given treatment area is purported to be an excellent way to get scripts written that would otherwise not make it to the prescription pad. Raising HCP prescribing motivation based on a specifically emotional appeal aimed at enhancing empathy is the line of reasoning that is being pursued.

The second theme being heard with increasing frequency in the hallways of pharmaceutical companies is the move toward "Habit Marketing." Building on recent interest in such areas as Behavioral Economics and Neuromarketing, habit marketing is the next logical step in recognizing that HCP prescribing behavior is more about diagnosis by pattern recognition, leading in turn to habitual prescribing, than it is about systematic differential diagnosis leading to logical prescribing decisions.

The question is, "How do these two themes fit together?" As it turns out, they fit together extremely well, but the two must be carefully integrated if the resulting promotional strategies and tactics are to be optimally effective and efficient. The following sections describe how to accomplish this important goal.

Empathy

Empathy as defined by Webster is:

1: the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

Some psychologists break empathy down into three different types. Cognitive Empathy is simply knowing how another person feels and what they might be thinking. Emotional Empathy is deeper and more profound. With emotional empathy, the empathetic person literally feels the emotions that the other person is experiencing. Finally, in Compassionate Empathy, the empathetic person not only understands what the other person is feeling, but also feels spontaneously moved to help if help is needed.

For those involved in pharmaceutical marketing and marketing research, the identification of these three different kinds of empathy raises two key questions. First and foremost, what is the role of HCP empathy in treating patients? Does having more empathy make a person a better HCP? Are there certain specialties that require more empathy than others? Are there specific kinds of patients, and/or conditions, where an HCP's having empathy is more important?

Second, we need to consider how (if at all!) empathy can be used in the marketing of pharmaceutical products? More specifically, are there some kinds of drugs that can be successfully marketed by having HCPs develop empathy toward a particular group of patients? If so, which of the three kinds of empathy is most important?

Consider for example a recent case on which the ThinkGen professional team worked. This project involved a drug that was specifically approved for the treatment of a urinary condition.

To get an understanding of the extent to which HCPs empathized with patients with this urinary

condition, we conducted a series of depth interviews with Primary Care Physicians and Urologists on the general topic of Lower Urinary Tract Symptoms (LUTS). What we found was surprising and fascinating. Virtually all of the respondents seemed able to empathize with patients suffering from daytime urinary problems. How could we tell? We listened to the stories HCPs told about these patients.

One respondent, for example, described the plight of a grandfather with a carload of grandkids who suddenly develops the urgent need to urinate. As the doctor told the story, the grandfather was in a situation in which he needed to find a McDonald's with an available restroom quickly or he would smell like urine for the rest of the day with the grandkids.

What kind of empathy was this doctor expressing? Probably all three kinds! He certainly cognitively understood what the patient was going through. The pained way in which he shared the story strongly suggested to us that he had emotional empathy as well. It sounded like he was vicariously in the car with the grandfather rushing to find a restroom. Last but not least, the doctor displayed compassionate empathy by readily prescribing what he considered to be the most effective treatment for the patient.

But how about nighttime LUTS symptoms, or nocturia? Here, doctors' comments sounded like they had very little empathy of any kind for patients. In terms of cognitive empathy, the doctors' comments indicated that they had little awareness of the safety hazards that emerge when elderly patients wander through the dark to get to the bathroom. In terms of emotional empathy, the respondents' comments demonstrated no identification with how nocturia patients feel. The doctors may lack empathy because they might not be personally familiar with getting up at night and peeing.

Finally, in terms of compassionate empathy, the doctors reported that they generally did not feel compelled to treat the nocturnal symptoms. In fact, they seemed to display negative empathy toward these patients, often commenting that their own behavior, e.g. drinking too much at and/or after dinner, was probably leading to much of the problem.

So what could the marketers of this drug do with this information?

Hold that question. We will be back to our recommendations after a brief detour!

Habit Marketing

The other major theme being talked about by product marketers and marketing researchers in pharmaceutical companies is habit marketing. The industry's approach to habit marketing is increasingly based on the seminal work of Dr. Neale Martin, as published in his appropriately named book, Habit: The 95% of Behavior Marketers Ignore and as practiced at ThinkGen as Habit Engineering℠.

Prior to their focus on Habit Marketing, pharmaceutical marketers were fascinated by the field of Behavioral Economics, with the research of Kahneman and Tversky, as described in Kahneman's book Thinking Fast, Thinking Slow being the most seminal. Behavioral Economics did constitute a major step forward in thinking about decision-making. Unlike classical economics, which assumed that we are all optimally rational decision makers, Behavioral Economics demonstrated that we often take irrational short cuts in making decisions. We use heuristics to speed up the making of decisions, and also demonstrate predictable biases in the decision making process. The hundreds of experiments that were done to demonstrate this point were considered so profound that psychologist Kahneman was awarded a Nobel Prize in economics for his work.

When pharmaceutical marketers went to apply this wisdom, however, they learned that it is largely impossible to do so in any meaningful

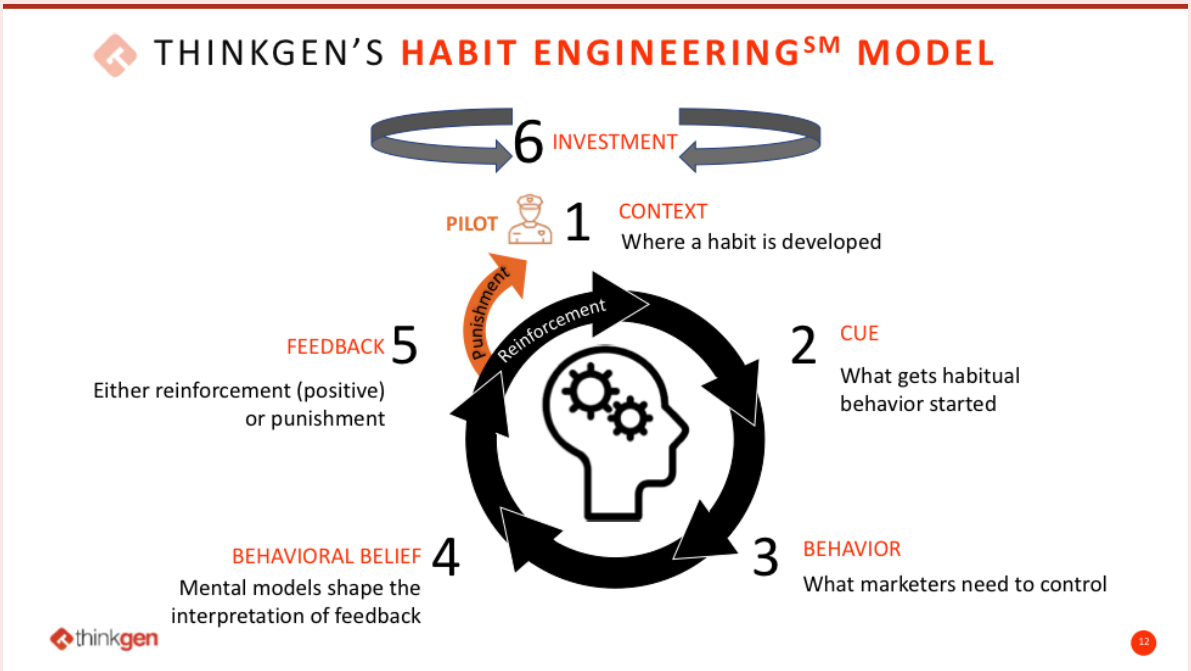
way. In retrospect, this should not be surprising, since Behavioral Economics was never designed for marketing purposes in the first place. The key consideration here is that while Behavioral Economics focuses on short-term, "one-off" decisions, marketing success is driven by long-term behavior over time. And, while Behavioral Economics focuses on conscious decisions, much of the behavior of interest to marketers is actually habit driven.

At ThinkGen, we are helping pharmaceutical clients adapt to habit marketing through our work in Habit Engineering℠ (HE). In addition to the work done by Dr. Martin, HE is deeply influenced by the work of Dr. Jerome Groopman, as shared in his book, How Doctors Think.

Groopman's insights can be boiled down to the simple truth that HCP diagnosing and prescribing behavior is driven more by advanced pattern recognition than it is by systematic differential diagnosis using Bayesian algorithms. Having recognized that the job of the pharmaceutical marketer is to develop HCP prescribing habits rather than to influence discrete prescribing decisions, ThinkGen has developed a Habit Engineering℠ Model to guide our clients' marketing efforts (see graphic below).

The HE approach is to first understand existing HCP and/or patient behavior. We do this by breaking behavior into five categories to determine if it is habitual (Autopilot), heuristic (Copilot), or conscious (Pilot).

- CONTEXT: the situation in which the behavior occurs including the where, when, and associated stimuli (e.g. flu season)
- CUE: a stimulus that triggers a habitual response inside of a context
- BEHAVIOR: within HE, behavior path analyses are conducted to understand all of the steps that lead to the behavior of interest
- BEHAVIORAL BELIEF: mental models that bridge the gap between action and feedback
- FEEDBACK: perceived consequences of behavior interpreted through lens of Behavioral Beliefs—reinforcing feedback leads to repeated behavior while punishing feedback reduces the likelihood of repeated behavior
- INVESTMENT: the behavioral inertia, the strength of existing habits, that results from repeating a behavior over time, as well as investment of time and resources in support of a behavior



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The second step in HE is to develop a plan to disrupt existing behavior. HE recognizes that a new drug's primary competition is not other drugs—it is the habitual prescribing behavior of HCPs. Successful marketing means changing behavior, not attitudes or intentions. Attitudes and intentions are poor predictors of future behavior, while habits accurately predict what HCPs will do next time.

To successfully change HCP prescribing behavior involves providing HCPs with context and cues that are clear and consistent to get habitual prescribing behavior started. It also involves developing appropriate behavioral beliefs so that feedback resulting from the prescribing behavior is perceived as reinforcing. As this habitual cycle is repeated over time, physicians will develop an investment in using the product which will make it easier to continue its use and harder to substitute another treatment.

Combining Empathy and Habit Marketing

If empathy development and habit marketing are two of the most important trends in pharmaceutical marketing today, the question naturally arises as to how the two should be combined for optimal results. Put another way, which kinds of empathy are the most important to inculcate into target HCPs, and where in the Habit Engineering℠ model should they be developed?

The answers to these questions are complicated but important to understand. Let's start at the beginning. In the establishing of the appropriate context and cue for prescribing a pharmaceutical product, it is vital to develop HCPs' cognitive empathy and compassionate empathy toward patients appropriate for the use of the product. By giving the HCPs an understanding of what the patients are experiencing with a condition, we:

- Increase the willingness of the HCP to enter into treating the condition.
- Increase the likelihood that HCPs will be willing to overcome obstacles, e.g. reimbursement pushback from managed care, and get the product into the hands of the patient.
- Increase the likelihood that the HCP will take the time to give a full product explanation to the patient and do everything else possible to improve adherence.
- Increase the likelihood that, where appropriate, callbacks and other procedures will be utilized to make sure that the HCP receives appropriate feedback on drug use and outcomes.

To the extent that cognitive empathy and compassionate empathy have successfully been developed, HCPs should also develop the behavioral belief that they are accomplishing something worthwhile by prescribing the product. Feedback from patients will then be perceived in a more positive light.

For Example

Let's go back to the urinary condition product described earlier in this discussion. How might this all have worked?

In launching a product for the treatment of conditions like this, where pre-existing levels of HCP empathy are low, giving consideration and action to optimization of HCP empathy is crucial.

There are several ways in which this could have been accomplished through an initial focus on the creation of cognitive empathy. More specifically, HCP education efforts could have been launched to:

- Explain that having to get up to urinate several times every night is not just an inconvenience, but also a cause for patient suffering and risk. Waking up every morning having been denied a full night's sleep should be pointed out as having a significant negative impact on a patient's quality of life, while the risk of a fall or other accident should be emphasized as a significant risk.

- Explain that nocturia is a component of an overall constellation of daytime and nighttime symptoms. As previously noted, HCPs were prone to emphasize the negative impact of the diurnal symptoms and minimize the impact of the nocturnal. By bundling the two, greater cognitive and compassionate empathy could be created. Showing videos of sufferers and their loved ones describing the negative impact that nocturia is having on their lives could be effective in this regard.

In addition:

- Special tactics could be employed to ensure that HCPs received feedback from patients. Since the medication worked quite well and very quickly, the feedback would have been a reinforcement for the formation of a treatment habit. Enough repetitions of this habit creation cycle would eventually yield HCP investment in the use of client's product for the treatment of nocturia.

Habit marketing involves the often fascinating interplay of beliefs, emotions, and experience to understand current and future behavior. To get the HCP habit process started, we need to encourage HCPs to believe and feel that they are doing something important by treating the condition. As they get deeper into the prescribing habit, however, their behavior winds up dictating their belief system and their feelings, not the other way around.

But How About Emotional Empathy?

You may have noticed that of the three kinds of empathy originally described, only two (cognitive and compassionate) have been referred to as being likely players in this example. This of course begs the question, "How about emotional empathy? Where does that fit in?" This question is an especially important one, since most people, when they think of empathy, think primarily of the emotional type. An examination of books on empathy finds that they focus primarily on getting in touch with others at an emotional level, with someone who is especially good at doing this being referred to as an "Empath."

So do we want HCPs to be Empaths, feeling their patients' pain? Probably not. What we do want, however, is for them to take their patients' negative experiences with the conditions that our clients' products treat seriously enough that they prescribe the medications for every case for which they are appropriate. We also want them to work with the patients assiduously to ensure their adherence.

In the example discussed above, while there is no expectation that HCPs will actually "feel the pain" of nocturia sufferers, getting them to understand the facts and emotions surrounding that condition sufficiently well to create both Cognitive and Compassionate Empathy is necessary to motivate them to be active prescribers.

Bottom Line

A focus on empathy is not only compatible with, but is in fact central to, habit marketing in general and ThinkGen's Habit Engineering℠ approach in particular. What is counterintuitive is that doctors will develop empathy as a byproduct of actually treating the condition. Creating empathy without the ability to do anything about it will only frustrate HCPs, for example, creating a drug to treat a rare disease that isn't covered by payers.

A last point—treating patients is likely to reduce an HCPs sympathy over time, especially chronic conditions that are at least in part the result of patient behavior. A focus on empathy alone is unlikely to be impactful in changing HCP behavior.

About the Author

Dr. Richard Vanderveer has been a recognized leader in the field of pharmaceutical marketing and marketing research for over four decades. The origins of his career began at Temple University, where he received a Ph.D. in Industrial and Organizational Psychology. While at Temple, he honed his formal survey research skills as a Project Director for the University's Institute for Survey Research, which conducted large scale survey research for the Federal Government and other clients." Dr. Vanderveer then moved into the private consulting sector, becoming Director of Custom Research at IMS. A series of business roles followed. He is perhaps best known for his role as the founder of Physician *Micro*Marketing Inc., where he developed processes for pharmaceutical companies to use in targeting and customizing their promotional efforts to the specific mindset of the individual physician. His organizational career culminated in his role as CEO of GfK US Healthcare, where he directed and inspired a group of 225 marketing research professionals to leadership in his chosen field. In parallel, Dr. Vanderveer's efforts rapidly took on an international scope. Since retiring from his post at GfK, Dr. Vanderveer has had the luxury of studying the healthcare marketing scene at large, looking for "the next big thing" in pharmaceutical marketing. With his colleagues at ThinkGen, Dr. Vanderveer has been developing the ThinkGen Habit Engineering℠ Model.

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About ThinkGen

ThinkGen is leading the way in healthcare marketing research. We believe that effective marketing is about creating customer habits, not just influencing decisions. Our research helps clients create plans for behavioral change. We are global in scope, led by highly experienced researchers, psychologists and the leading expert on Habit Marketing

More information can be found on ThinkGen's website: www.think-gen.com

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