

# Hitting the Target *with* BEHAVIORAL MARKETING



Technology provides the ability to interact on a personal level with consumers and physicians.

nels to further target their marketing efforts with zero waste.

**ANDREA WESTMEYER.** RMI. There are three observable attributes necessary when studying physician behavior: engagement, prescribing habits, and attitude. Engagement encompasses what is happening in real time in both personal and nonpersonal promotion, and these data identify who is paying attention and engaging with the message. Prescribing habits are determined from data collected by companies such as SDI, Wolters Kluwer, and IMS. These data reflect the recent past, as they are reporting on prescribing or claims data that have already taken place. The third important bucket is physician attitude, determined by surveys that uncover prevailing attitudes that targets may have about the product. Physicians are reporting on their preferences and expressing what their habits are from their own personal point of view. The engagement scoring provides more real-time data than have ever been available, but the key to success is triangulating the past, the real time, and the point of view of the physician data to get a more three-dimensional view of the target. This allows for a very clear perspective on what will likely encourage behavior and what will impact future behaviors to better inform a specific tactical execution.

**HENSLEY EVANS.** IMC2 HEALTH & WELLNESS.

ers — all experts in the field of behavioral marketing — discuss important steps in developing this process.

#### In summary:

1. Understanding engagement, prescribing habits, and attitude is key for physician targeting
2. Goal setting, tracking, and positive reinforcement motivate patients to change behaviors
3. Research doesn't lie — heed what it reveals, even if you think you know your brand

**BLAIR SIEBER.** SANOFI US. It's been my experience that to have an effective behavioral marketing campaign, one must first have some idea of who the target customer is. Working to understand who the best prospects are, or are going to be, through a customer segmentation analysis is key. The second piece is targeting those customers and finding out additional behavioral attributes or commonalities that span across the segment. This can be done through cookie tracking and/or through building a CRM stream and analyzing data segments. Once enough data are collected to build a customer profile, marketers then have the ability to use those data across multiple media chan-

**T**he concept of behavioral marketing is not new, but with the advent of technology and new marketing tools, the industry is able to connect with its consumers on a very individual level, creating the ability to impact behavior and health outcomes on an almost molecular scale. While data are crucial to the formula, knowing how to glean insights from the information is becoming a very important piece of the pie. Real-time data enable more detailed tracking, which in turn leads to better information that results in better understanding of the physician or patient. This method allows marketers to design extremely targeted messaging that produces a level of customer engagement unattainable with traditional approaches. According to one of our experts, behavioral marketing boils down to a simple principle: figure out what customers want, and then give it to them the way they want it. Our thought lead-

One of the most important first steps is to understand what the brand's purpose is relative to the desired shifts in health behavior. For example, it's difficult for a brand that treats a specific condition to authentically state that its purpose is to eliminate that condition through lifestyle changes, because success would essentially put the brand out of business. This fundamental conflict is at the heart of why many pharma-sponsored behavioral change programs fail to connect authentically with consumers. The desired behavior change must be congruent with the brand's purpose. In many cases, a brand may not have a clearly articulated purpose with regard to consumer health, so clarifying this purpose is critical. Next, it is critical to understand the most common issues facing individuals participating in the program. This can be accomplished by developing a patient journey that illustrates how various individuals experience a particular condition; what their daily health-related activities look like; and their interactions with healthcare professionals, caregivers, and others. Other aspects to consider include identifying what underlying competing commitments might hinder making effective and sustainable changes. One important distinction to make in constructing the patient journey is to consider patients' experiences with their condition in the context of their life, not their life within the context of their condition. This helps illustrate not only the condition itself, but also how other elements of the person's life or lifestyle have changed. Finally, identifying one or more models of behavioral change that are most applicable to the condition or disease state,



**“ Behavioral marketing leads to a level of customer engagement unattainable with traditional approaches.”**

**DREW DESJARDINS** / Dudnyk

whether that's Prochaska's Stages of Change, the Health Action Process Approach, or another model is key. Marrying these models' academic foundation with the knowledge of how people interact on a daily basis in the disease state as well as various communication chan-

nels allows one to create an effective program that drives positive health change.

**SUSAN MANBER.** DIGITAS HEALTH. Three elements need to be present to make an effective behavioral modification campaign. First, set-

## EXPERTS ►



**BRAD DAVIDSON, PH.D.** General Manager, Ogilvy CommonHealth Insights & Analytics, the research-based consultancy unit of Ogilvy

CommonHealth Worldwide. For more information, visit [ogilvyochww.com](http://ogilvyochww.com).



**DREW DESJARDINS.** Senior VP, Account Management and Strategic Planning, Dudnyk, an independently owned, full-service branding, medical

marketing, and advertising agency. For more information, visit [dudnyk.com](http://dudnyk.com).

**HENSLEY EVANS.** Chief Strategy Officer, imc<sup>2</sup> Health & Wellness, which serves health and wellness clients on a variety of initiatives,



including medical content and health-centered tools to create connections with patients, physicians, managed care groups, and more. For

more information, visit [imc2healthandwellness.com](http://imc2healthandwellness.com).



**SUSAN MANBER.** Senior VP, Executive Planning Director, Digitas Health, which works with pharmaceutical, bioscience, and

medical-device companies to help their brands develop connections with healthcare consumers and professionals. For more information, visit [digitashealth.com](http://digitashealth.com).

**BLAIR SIEBER.** Senior Media Manager,



Multi-Channel Marketing, Sanofi US, which is committed to developing safe and effective medicines, vaccines, and consumer health products to help

improve the lives of patients and their families. For more information, visit [sanofi.us](http://sanofi.us).



**ANDREA WESTMEYER.** President and Co-owner, RMI, a multichannel marketing consultancy focused on the pharma and biotech industries,

which provides measurement and optimization insights to ensure marketing strategies and tactics have maximum impact and increase sales. For more information, visit [rmarketing.com](http://rmarketing.com) or email [awestmeyer@rmarketing.com](mailto:awestmeyer@rmarketing.com).



“ Having a behavioral science advocate within the organization advances the work at a faster pace. ”

ANDREA WESTMEYER / RMI

ting a goal is important so marketers have a clear vision of the results they want to create. Second, there needs to be a constant tracking method to determine the effectiveness of the campaign to reach that goal over time. New technology has become the greatest aid for this tracking as marketers are using apps more and more for monitoring results. The third very important element is that there must be positive reinforcement along the way to encourage behavior modification. The Weight Watcher Plan is a classic example, or the Lose It! mobile app, developed by FitNow. These plans not

only provide ways to track progress but they also build in positive affirmations, like ‘You’re doing a good job.’ It sounds really simple but getting to that level is the difference between success and failure. The more the technology enables those simple small differences, the more successful the campaign. For example, people with hypertension are told they need to reduce their sodium intake, and one patient reported that he had changed his diet from burgers and steaks to pickles and smoked turkey. While that seems like a healthy switch, those items are high in salt content, so a text re-

minder on the sodium levels in foods can help improve his results more than just a blanket statement to lower his sodium. Simple text messages on healthy eating tips and little pieces of knowledge are going to make a big difference, so it’s not the technology itself. It’s using it in a simple, straightforward way that counts. Small, easily consumable bits of information are more successful than content that asks people to make a big change all at once.

**DREW DESJARDINS.** DUDNYK. Behavioral marketing is the antithesis of interruption marketing. Two of the benefits of behavioral marketing are that, when executed properly, it allows for an extremely targeted approach and can lead to a level of customer engagement unattainable with traditional approaches. Behavioral marketing really boils down to a simple principle: figure out what customers want and then give it to them the way they want it.

### Behavioral Science Challenges

One of the biggest challenges in a behavioral campaign is gaining and retaining engagement of the target audience. Another issue is understanding that observing patient behavior is not an exact science, and it is easy to misinterpret the results. And lastly, worries about privacy policies are always present.

#### In summary:

1. Behavioral science is not perfect
2. Having an advocate within the organization reduces challenges
3. Sustaining engagement takes careful monitoring

**BLAIR SIEBER.** SANOFI US. The biggest challenge in behavioral science is working with privacy policies either within one’s own organization or the industry. It’s been my experience that the best way to resolve this challenge is to work with vendors or other third parties to build look-a-like models that target groups of potential customers based on what is known about current customer segments that purchase your product or register for your service.

**DR. BRAD DAVIDSON.** OGILVY COMMON-HEALTH. The biggest stumbling block in behavioral marketing, from a research standpoint, is that the insights informing behavioral marketing can sometimes be off the mark. Too much behavioral research takes what is said at face value, without looking more closely for gaps between observed and stated practices, or between various statements themselves. Peo-





“ Too much behavioral research takes what is said at face value, without looking more closely for gaps between observed and stated practices, or between various statements themselves. ”

**DR. BRAD DAVIDSON**

Ogilvy CommonHealth Insights & Analytics



“ The biggest challenge in any behavioral change program is creating sustained engagement. ”

**HENSLEY EVANS** / imc<sup>2</sup> health & wellness

ple have inherently contradictory motivations; how we resolve the resulting tension plays out in our behavior. The key to behavior change is resolving conflict, internal and external; show somebody a way to do something that satisfies more of their desires and causes less internal conflict, and they'll do it.

**DREW DESJARDINS.** DUDNYK. Several aspects of behavioral science can make developing programs quite challenging. First, it's an imperfect science. One has to really frame the problem and make sure to ask the right research questions, or the outcome can go off track

pretty quickly. Second, when studying behavior, one must consider all the things in people's lives that may affect behavior. Dive deep with the questions. If you observe things that are inconsistent with your expectations, you have to ask why someone would behave a certain way in a particular situation. And third, don't make generalizations. Everyone is unique, so we caution against projecting to the target population. Because of the nature of the research, study populations are often small, but it is crucial to have enough subjects in the study to be able to draw accurate conclusions. The good news is that these challenges can be overcome through awareness and a bit of careful planning.

**ANDREA WESTMEYER.** RMI. Having an advocate within the organization is important. An advocate who believes that the information derived from the insights can transform marketing is not only helpful, but he or she is also able to align other team members. There tend to be a number of decision makers who need to be at the table and that includes business analytics, the brand team, IT, and research, and these people need to come together in a collaborative way. The emergence of Centers of Excellence (COE) is making this a bit easier, as more pharma organizations are creating relationship marketing COEs that are there to provide this type of expertise to all their brands. In some organizations, the integration can be a challenge, as many departments are not accustomed to collaborating in this way. All this requires new processes and a new way of thinking that has not been prevalent in pharma.

**SUSAN MANBER.** DIGITAS HEALTH. Adherence and compliance are the single biggest challenges that we all face. Once participants become involved, the next step is keeping them involved over time. Research shows that participants start to drop out around three months into a program. Keeping them engaged is a critical challenge. The sign of a good program is when virtually everyone who has signed up stays engaged, and that is the most important metric for us. It is all well and good to push out each effort, text message, and email, but we need to be very purposeful and closely narrate the cadence of how often we engage to be sure people are positively engaged over the long run. This is the greatest challenge for any marketer creating one of these programs.

**HENSLEY EVANS.** IMC2 HEALTH & WELLNESS. The biggest challenge in any behavioral

change program is creating sustained engagement and supporting long-term change while balancing the science of evidence-based behavior change with the art of skillful and inspirational communication. Most programs rely on incentives — financial or otherwise — to drive initial acquisition and then seek to drive continued interaction with value-added content and tools. Adding in community features such as forums, coaching, friendly competition, etc., although a challenge to pharmaceutical manufacturers from a regulatory perspective, is also common practice to promote engagement and stickiness. But one of the biggest challenges is rooted in the brands' underlying motivation for promoting behavioral change in the first place. In many cases, the key performance indicators are limited to brand-centric measures, like NRx and TRx, rather than actual health outcomes. It's very difficult to be authentic in promoting behavioral change and healthier outcomes when the success measures and goals of the program are essentially one-sided. It's also easy to get caught up in the one-size-fits-all behavioral change model that has worked for other conditions.

### Cautionary Tales of Behavioral Science

While it is easy to get excited about the next new shiny thing, our experts suggest that marketers consider some of the drawbacks and challenges of implementing a behavioral marketing plan before jumping in.

#### In summary:

1. No single approach is going to work all the time
2. Understand the engagement is extremely personal
3. Messaging must be on scientific point

**DREW DESJARDINS.** DUDNYK. As with any marketing approach, there are drawbacks. No one approach is going to work perfectly all the time. Behavioral marketing is based on soft science, not on hard data. And, with little quantifiable data available, it is often difficult to draw accurate conclusions. When executed successfully, however, a behavioral marketing program will yield rich results in the form of increased prescriptions or revenue. Because behavioral marketing is based entirely on observing the behavior of a small portion of the overall population, it is imperative to be extraordinarily disciplined in the approach to gathering data and formulating insights. If the insights are off by a fraction, the whole cam-

Thanks to our **innovative**  
**Phase I to II** trial delivery...



...we're helping our clients  
**swat** infectious diseases



RIGHT DATA • RIGHT TIME • RIGHT DECISION

[www.cmedresearch.com](http://www.cmedresearch.com)



“ Customer segmentation analysis is key to understanding who the best prospects are or are going to be. ”

BLAIR SIEBER / Sanofi US



“ Small, easily consumable bits of information are more successful than content that asks people to make big changes all at once. ”

SUSAN MANBER / Digitas Health

paign can fail. Fortunately, these drawbacks can be minimized if a behavioral marketing strategy can be applied that solves the right business problem and carefully construct the approach and execute flawlessly.

**HENSLEY EVANS.** IMC2 HEALTH & WELLNESS. Those using behavioral marketing strategies must proceed with caution. When planning to engage consumers in a program that addresses their health, marketers need to know that they are initiating a very personal relationship with that individual. On-again, off-again communications, program commitments that fluctuate with quarterly budget changes, and sudden shifts in communication approaches are all great ways to endanger building a long-term relationship. Recognize that behavior change takes time and commitment on the part of the individual and of the brand and don't expect or demand immediate results. It's also important to establish clear measures and milestones for the program so that the impact can be analyzed and improvements can be made.

**SUSAN MANBER.** DIGITAS HEALTH. In addition to the challenge of leveraging the right technology, another hurdle is to ensure that the messaging passes muster from a scientific standpoint. We need to be sure that everything we are suggesting to patients will help them make more confident decisions based on real data. This is a very important hurdle; we have to make sure we have the medical underpinning to help people make the best decisions. These decisions need to be based not just on creativity but must also include the notion of data-tivity. For example, search intelligence, which traditionally has been used for optimizing a search buy, is another source of insight for behavioral change, because if we understand the language that people are really using to search for something, we can use that language back in our programs to better resonate with the patient.

**ANDREA WESTMEYER.** RMI. The pharma industry, with all its regulations has some challenges in fully embracing behavioral marketing. This concept is more evolved in other verticals and the pharma industry has been slower to embrace it, so industry marketers are still learning what works and there is still some confusion. I would expect in the next two years we will see this issue naturally resolve itself. Part of the uncertainty stems from pharma taking that first step of gathering the data, and then trying to determine who should be analyzing the information. Often they start with a data integrator who has the central expertise in pulling together data and that will end up being the same person who does the analysis. Realistically, there are specialists who need to be pulled in along the way to be the most successful. The company may have the ability to collect the information, but it will also need someone to guide it in how to identify the most actionable insights. <sup>PV</sup>

### A Five-Step Guide to a Successful Behavioral Marketing Campaign

- » **STEP 1.** Identify the problem and position it as a question to be solved. For instance, ask a question such as: Why is our length of therapy shorter than anyone else's in the category? Choosing the right question comes from understanding and analyzing the existing market data.
- » **STEP 2.** Develop an effective research strategy and methodology specifically designed to answer the types of questions identified; there are many ways to skin this cat. Some common approaches include ethnographic studies, video interviews, and revolving focus groups.
- » **STEP 3.** Execute the research. Work very closely with a market research partner and take an active role in ensuring that the research questions will give you the answers you need. Too often, because we are all so busy, it is easy to delegate this part of the process. But it is the brand manager who is ultimately responsible for driving the process, and being fully engaged in the research gives him or her a leg up on understanding the target audience or modifying the research approach to tease out hidden insights.
- » **STEP 4:** Analyze the research and look for the key insights. This is what separates really great marketers from average marketers. Become fully immersed in the data, the feedback, and the interviews. Don't stop asking questions until the root of the problem has been identified.
- » **STEP 5:** Build the campaign around the key insight(s). Perhaps a disconnect between what patients are saying and what doctors are hearing is revealed, and in that case, maybe education is called for. Perhaps it's as simple as learning what certain words mean to patients versus what they mean to doctors, and how translating the language can change behavior. Be careful not to confuse what you think you know about your brand with what the research is telling you. Stay true to the process and the findings to maximize its effectiveness.

Source: Drew Desjardins, Dudnyk.



USE YOUR QR CODE READER  
OR GO TO  
[bit.ly/PV0912-Behav-Marketing](http://bit.ly/PV0912-Behav-Marketing)



# NEW VISION. NEW ORGANIZATION. NEW VALUE.

Re-envisioning message delivery for today's world:  
New Publicis Touchpoint Solutions\* *multichannel* approach has done it.



New Publicis Touchpoint Solutions\* is re-envisioning message delivery to integrate every key channel you need, as you need it. Through a single, organic system, we provide targeted messages to each of your customers. This unique, multichannel approach creates a fully flexible and integrated mix that will continually evolve as your customers' needs shift. In addition, we've reorganized under one single organization and one mission. We make it easier for you to reach your customers with the right message, at the right time to maximize impact.

\*formerly Publicis Selling Solutions

Every touchpoint, every way that matters.

FIELD SALES & SERVICE TEAMS | LIVE VIDEO DETAILING | INSIDE SALES & SERVICE | CLINICAL HEALTH EDUCATORS | MEDICAL SCIENCE LIAISONS

Visit us at [www.TouchpointSolutions.com](http://www.TouchpointSolutions.com), phone 866-616-4777 or email: [impact@TouchpointSolutions.com](mailto:impact@TouchpointSolutions.com)



## INDUSTRY EXPERTS IDENTIFY BEST PRACTICES IN BEHAVIORAL MARKETING ►►

**Behavioral marketing has evolved to match the capabilities of technology, and our thought leaders share their insights, best practices, and case studies of this rapidly changing approach to marketing.**



**BLAIR SIEBER** is Senior Media Manager, Multi-Channel Marketing, Sanofi US, which is committed to developing safe and effective medicines, vaccines, and consumer health products to help improve the lives of patients and their families. For more information, visit [sanofi.us](http://sanofi.us).

“The advent of technology has certainly been the catalyst for changes in behavioral marketing. It has not only changed media’s role in marketing from the evolution of offline media to online media, but it’s allowed us to precision target within the media mix so that we can build a complex media mix model that we know will return the most for the investment. Behavioral targeting went from buying primetime TV versus cable to building complex targeting solutions online through display banners, video, social, and mobile. These targeting solutions have evolved as technology has evolved within each marketing channel. Currently, best-in-class targeting is done through real-time decision engines that serve content to a customer based on that individual’s behavior across all channels.

Outside the industry, I would have to say the automotive industry has had the best case studies for behavioral targeting and has led the way for many other industries to follow suit. Auto companies need to not only market their products to the right consumer but to regionalize their efforts to coincide with dealership locations, and is the best example of the use of BT. The auto industry knows precisely which targets pay out the most effectively not only by customer but also by geography. The telecommunications industry is right there too, especially as customers increasingly manage their lives through mobile devices.”



**SUSAN MANBER**, Senior VP, Executive Planning Director, Digitas Health, which works with pharma, bioscience, and medical-device companies to help brands develop connections with healthcare consumers and professionals. For more information, visit [digitashealth.com](http://digitashealth.com).

“Small things can make a big difference. Trying to make a big change or trying to make all changes all at once is not likely to succeed. Small, easily consumable impacts are much more successful. The work we have been doing on behalf of Novartis in the hypertension space is a fabulous example. We created the Get On Track Program for hypertension patients. The problem with hypertension is that it is an invisible, asymptomatic disease so it is very hard for people to take action to lower their risk. We developed a program that goes beyond a more traditional research. We call it co-creation and the idea is simple. Instead of doing traditional research, we bring all the stakeholders to the table and discuss the best course of action. Through group discussions we engage with consumers, healthcare professionals, creative, the planning team, and the client, and we begin with a hypothesis and work to fully develop it.

For example, the structure we ultimately created for the Get On Track program was four very simple buckets: one, encourage patients to take care of themselves and assist in finding ways to get high blood pressure down; two, have the patient monitor his or her blood pressure; three, use health reminders to help patients manage blood pressure; and four, establish a BP buddy for getting support along the way.

We find this support system actually works both ways and is highly influential. People are turning to communities to learn and get information from others, but our research shows that giving help is as important as getting it. Connecting with someone else is a very authentic way of learning, and helping another patient in the same situation has an even more long-term positive impact. Each of these four elements has been proven effective in terms of creating more success in behavior modification.”



**DREW DESJARDINS**, Senior VP, Account Management and Strategic Planning, Dudnyk, an independently owned, full-service branding, medical marketing, and advertising agency. For more information, visit [dudnyk.com](http://dudnyk.com).

“From 2003 to 2006, I had the opportunity to lead the U.S. marketing team for Protonix. During my tenure on the brand, we created a unique and successful behavioral marketing program.

In 2000, Wyeth Pharmaceuticals launched its proton pump inhibitor (PPI), Protonix, as the fifth entrant in a well-established market. By all metrics, the brand’s launch was viewed as a success, posting impressive sales and market share. After about four years of steady growth, however, market share began to flatten. With pressure to grow sales mounting from senior management, the team searched for explanations for the stagnation in share and ways to reinvigorate the brand.

After an exhaustive review of all available market, prescription, and patient data, the team noticed that the brand was actually first in the PPI category in new patient starts, but last in length of therapy.

We needed to understand why this situation was occurring, and we needed to find a way to correct it. Something wasn’t adding up. Our managed care access was about the best in the category, our positioning for nighttime GERD was unique and differentiating, and our healthcare professional promotion was resonating with our target audience. Yet, for whatever reason, patients started on our brand more than on any other brand in the category, but stayed on it for a shorter period of time. Our annual awareness and trial and usage studies weren’t helping to provide answers to these questions. We knew we had to take a different approach to the problem.

We worked closely with our market research partners and patient advertising agency and commissioned an ethnographic research project. We found GERD sufferers all over the country who were willing to bring us into their lives for several weeks. They allowed us to videotape them at work, at home, at play — even while they were sleeping. The things we learned astounded us. People revealed their innermost secrets to us. One woman told us that she had a special hiding place at work to which she could escape to nap during the day, out of sight of her supervisor, to make up for the sleep she wasn’t getting due to her GERD.

The major insight was that GERD sufferers habitually treat their symptoms PRN or as needed, typically with antacids, and that they experience minimal relief. When they start on PPIs, the drugs work so well that they feel better than they have in years, but because of their previous habits they stop taking the drugs after a week or two. Once they stop, their symptoms return (because the erosions in their esophagus have not healed).

Now, here's the kicker. When the patients would see their doctor for a follow-up visit, the doctor would ask how the PPI had worked for them and they would say that it hadn't worked. Furthermore, we learned that rather than asking them if they were still taking their medication every day as directed, the doctor would say, "That's OK, we can try another PPI." The conversation about adherence never took place.

So, why did we lose more patients than marketers of other brands did? We attributed it to "the Purple Pill effect." Our promotion with healthcare professionals worked very well; our nighttime GERD story made sense to them, so we got more than our fair share of new starts. But the Nexium DTC worked so well that the brand became ubiquitous, and when HCPs would suggest another PPI to patients, patients often replied, "How about the Purple Pill? My brother-in-law is on it."

Another outcome from our ethnographic research was our discovery of a very rich patient segmentation. By living with these patients, we learned that segments of the population are defined by attitudes, beliefs, and behaviors. We were also able to determine triggers for certain behaviors, and we realized that we could affect patient behavior by intervening at appropriate points in time. The triggers differed by segment, but consistent patterns emerged. This was important to realize because it allowed us to develop a customized, yet manageable, set of messages and a delivery schedule for each segment.

We knew we had to educate both physicians and patients on the importance of communicating to improve adherence and build brand loyalty. Our solution was to create a patient education and adherence program we called RENEW.

The first element of the program was a totally redesigned sample package. Instead of the traditional blister-pack-in-a-box sample, we created

a fully integrated (the blister pack couldn't be separated from the packaging), tri-fold sample package that incorporated patient education, samples, and an invitation to enroll in RENEW. Reps received special training on how to detail using the new sample package, and on how to converse with healthcare professionals on the value of listening to patients and communicating with them about the importance of proper medication adherence.

The second element of the program was built on providing adherence messaging unique to each audience segment. We used a combination of direct mail and email (depending on a patient's preference) to provide educational support, reminders, and encouragement to program participants. To further optimize our investment, we modified the offering, depending on how much support a given patient needed. We learned that the critical period was the first 30 days, and that if patients were adherent beyond that point, they tended to stay on therapy much longer and required less support. The key was to get them past the first 30 days. The program was supported by both in-office and on-line promotion. Enrollment cards were developed and placed with receptionists so that patients would take one while scheduling their next visit. Banner ads appeared on frequently visited patient websites.

After our program had been running for about a year, patient enrollment in RENEW exceeded all expectations. Enrolled patients who had never taken a PPI before tended to stay on therapy for an extra three weeks. In addition, patients who were switched to Protonix from another PPI tended to stay on therapy for an extra month. Besides increasing the time that patients stayed on therapy, unanticipated benefit was realized: HCPs who had at least one patient enrolled in the program wrote an additional prescription every other month.

By identifying the business problem and crafting and executing a research methodology, we uncovered insights that we could build into a viable solution for the brand. Patients and healthcare professionals genuinely liked the program — they told us that directly. Ultimately, the proof was in the results — during the timeframe that the RENEW program was running, Protonix regained its previous share growth and significantly increased its length of therapy. //