

By Richard D. Czerniawski

## OPEN YOUR MIND TO NEW WAYS OF THINKING AND PRACTICES TO AVOID MEDIOCRITY

At a recent workshop for a major pharmaceutical company, I shared what, to me, was a troubling finding following a review of the advertising for brands in their therapeutic category. Specifically, the client company's and competitors' brand messaging to HCPs (Healthcare Practitioners) and CPs (Consumer Patients) was different! No, not different from one brand to another—where it matters—but any given brand's messaging to their target HCPs and CPs.

One manager asked why each brand managed the same way—different messages to HCPs and CPs. I felt this manager was attempting to justify this universal category practice. However, I can only hypothesize as to the reasons, since I'm not involved in managing each of these brands, in each of these companies,

The first answer that comes to mind is that the category brands are engaged in eminence-versus evidence-based advertising. They're all blindly following category practices or only doing it the way they've always done it within each company. I sincerely doubt that any of these brands have evidence that their DTC (Direct to Consumer) messaging is not effective when communicated to HCPs. (Actually, HCPs are consumers of DTC advertising despite it being directed at CPs.) Moreover, if using the same messaging for both the HCP and CP is not working for one brand, it does not mean it will not work for others.

Perhaps, too, the advertisers believe that a DTC message is not appropriate for HCPs. The lament I often hear is that HCPs want the data. "Gimme the data, data, data." So they regurgitate the data. However, it is our job to help HCPs understand what it means for their patients. Our messaging needs to go beyond "telling" to "selling!" If we are doing our job well, then the advertising will go beyond "selling" to "compelling." We make our messaging compelling by wrapping it in a BIG juicy idea that gets the target customer to realize—yes, realize—the brand's promise.

Another belief, or possibly myth, is that HCPs are science-oriented and, sad mentioned above, data-driven, and, therefore, must be spoken to differently than consumers. However, I believe we should not shy away from messaging that is emotive. HCPs are human and, as such, will respond to emotive messaging despite being professionals and science-oriented. They shed tears over the loss of a family member or friend, feel pride in their child's accomplishments—just like their patients, you and me. If the advertising isn't emotive, it's unlikely to be effective. Data can be shared in an emotive way.

Finally, advertising development is managed by different marketers and even agencies. There are HCP marketers and agencies and CP marketers and agencies. There is probably little interaction between the teams and no coordination. So it is not unreasonable to expect that the messaging will be different, not from the competition, but for HCPs and CPs. The practice and its outputs are a function of dysfunctional management.

This category spends hundreds of millions of dollars on advertising annually. Yet their dollars, at least to the HCPs, are diluted since they have different messaging to HCPs and CPs. Accordingly, it doesn't make sense not to attempt to develop emotive advertising, wrapped in a BIG juicy campaign idea to fuel growth.

Now to get at the heart of this musing. What troubles me with any defense of the current category practice is no one is doing "different." Moreover, the practice is not evidence-based. I'm not prescribing that the same messaging you use for CPs to be applied to HCPs. However, I am exhorting marketers—not just healthcare marketers but all marketers—to open their minds to other possibilities, other options, and test them. If we are not challenging our assumptions and practices, then we are not pushing the envelope, learning, nor achieving stretch business objectives. Instead, we are coasting on mediocrity. That's unacceptable!

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