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Is pharma brand marketing dead?

We think it just got interesting



Pharmaceutical brand marketing has ended up on life-support a few times, but things are looking up for us now.



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Is Pharmaceutical Brand Marketing Dead?

That is the provocative question I have been posing to pharmaceutical marketers, industry leaders and stakeholders over the last few months.

This supplement brings together a series of articles, insights and discussions Kantar Health has produced in order to help stimulate debate and fresh thinking about the future of pharmaceutical marketing.

So, what is the answer to the question? In my view, pharmaceutical brand marketing has ended up on life-support a few times, but things are looking up for us now.

That's because changes are happening in the sector's marketing, thanks in part to major reorganizations, which help introduce new approaches. We are starting to see lean and mean organizations that are truly exemplifying brand marketing, and embracing knowledge from other sectors, especially in the digital field.

I hope you find this collection useful and thought provoking, and I welcome your thoughts on how we can keep raising the sector's expertise in brand marketing, and keep it alive and kicking for the years ahead.

Mark Sales

Head of Global Brand
& Customer Experience
for Kantar Health

Follow Mark on Twitter at [@salesma1](https://twitter.com/salesma1)
to discuss brand marketing

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A roadmap for brand marketing success

Ultimately you need to find a strategy for the brand based on what you know and what you want to do.

In order to develop a successful brand marketing plan, pharma needs to think more about getting diagnostic solutions. Brand teams need to constantly be looking forward to make better decisions that are evidence-based and patient-centered and that deliver against unrealized brand opportunity. Whether you are six or 12 months from launch – or even just starting the launch phase – it would be useful to check that you are where you need to be in terms of the crucial factors we believe are the new core components of brand marketing:

- **Experience:** The more traditional way of assessing brand performance based on how doctors feel about a brand and how they intend to use it.
- **Execution:** Whether your brand marketing is actually being implemented (or is indeed implementable) in the field.
- **Access:** The 21st century game changer for pharma: Will payers actually support budget for a product, even if doctors “feel” it is a good brand?

Brand marketing needs a coordinated approach across this trio in addition to more integrated working across internal silos. Do this, and pharma is well on its way to acquiring a roadmap for delivering unrealized brand opportunity.

The first step is diagnosis, achieved by quantitative and qualitative research using internal and external sources and benchmarking data.

From this research it is possible to develop a brand plan that includes the metrics used to measure success before moving to implementation and monitoring of your strategy.

It requires a different approach. To start, you have to nail down the key priorities: what other data is available for use, who will be your team’s first point of contact, who are the key stakeholders and how do you want to implement a strategy?

You have to take into account the global program for the brand: can your new strategy be applied in every territory, or do sensitivities mean a different key message is needed from one country to another? The big advantage here is that no one knows their own market better than pharma companies themselves.

Ultimately you need to find a strategy for the brand based on what you know and what you want to do. The approach is likely to include talking to your internal stakeholders when putting together the initial diagnosis, developing the brand plan and monitoring, perhaps bringing in the entire team to see who is involved, and what internal deadlines are in play.

It is also important to talk about available data such as sales that could be useful in illuminating the way forward. It may be that you have more of this than you think – it just needs to be ordered differently or looked at in a fresh way.

Key external stakeholders (prescribers, payers and patients) can be approached using online, video-driven research or something more traditional, along with classic measures such as what a physician thinks of a product, to draw a picture of where a brand needs to be for further growth or where you are missing existing opportunities.

From here you can create a top-line profile of the brand that tells you where you are in terms of perceived patient share rather than actual market share and, from that, where you could be. This difference needs spelling out since it is fundamental to getting this new approach right.

For example, the brand might have a perceived share gap of 10 percentage points in the marketplace: you can break this down into those three key categories – experience, execution and access – and thereby understand that there is a problem with access, the multichannel strategy or something else. Highlighting this means you can then be very directional in terms of where to focus efforts.

Is pharma brand marketing dead or has it just arrived?

Myriad opportunities exist for companies that are prepared to react to, and engage with, the changes that now influence the landscape.

This article is derived from the White Paper, "[Is pharma brand marketing dead or has it just arrived?](#)", which was published in June 2014.

While pharma observers speculate on the death of outdated drug discovery and sales models, some critical wounds to brand marketing have been largely ignored. But in the new multi-stakeholder-driven environment that requires brands to stay one step ahead, we ask, do marketers have the courage to change to find that unrealized brand opportunity?

The pharma industry has changed significantly in the last few years, not least in the sales arena, where the rise of payers and empowered patients has realigned commercial relationships with prescribers. However, the brand marketing function has not yet been forced to adapt to new realities. The main problem is that, at present, organizations are not necessarily working holistically. Market access teams are doing market

access, brand people are doing branding, and those who are doing the execution, be it multichannel or sales force, are still doing them separately. When it comes to forecasting or building brand lifecycle, this lack of coordination means businesses are simply not achieving maximum impact, or consequently maximum benefit for patients.

Unrealized opportunities: How to grab them

The good news is that plenty of unrealized opportunities are still out there in brand marketing. But we need to pull everything together and take a holistic view of how we deliver our brands to our key stakeholders, as has happened already on the sales side. Several factors that have already affected pharma sales models are now driving essential change in brand marketing (Figure 1).

Governments are waking up to this too. In the UK, the much-vaunted value-based pricing (VBP), which has now morphed into value-based assessment (VBA), means an organization needs to approach these more and more powerful payers in a holistic way. Rather than saying, "Here's our strategy, take it or leave it," we need to say: "This is the value we're going to bring". All of this is further complicated by patient groups and individual patients increasingly influencing healthcare



Figure 1: Several factors that have already affected pharma sales models are now driving essential change in brand marketing.

decisions. And healthcare systems in every country are looking very closely at value, including large insurers in the U.S., which will increasingly push co-pay back to the patient for higher-priced, “less effective” treatments.

The importance of evidence

These changes mean pharma needs to produce more evidence and work more collaboratively because payers themselves are collecting much more robust evidence that will either prove or disprove the claims the industry is making for brands. They have access to the same multichannel world and are able to seek information on their own – they don’t just rely on pharma anymore. The sheer proliferation of information will be the game changer, and this abundance of readily available information, from multiple sources, means that unless pharma is adding new evidence, it has no value. Plus, data collection is actively shifting to behavioral sources such as Twitter,

online communities and device tracking. This has to form part of the mix driving decision making.

ROADMAP FOR SUCCESS

**Experience
Execution
Access**

Look to the future

The new reality of brand marketing is that any diagnostic tool needs to be clearly looking toward opportunities in the future – and that’s the main difference between it and all the approaches that have gone before. Whether you are looking at current or new prescribers – that is, new or existing targets – the focus has to be on the people who are likely to change their habits and would consider using the product in the future.

Bringing together data on share, performance and physician influence, including their intention to prescribe and/or switch, as well as what patient profile they would prescribe to, is essential. But this must then be analyzed in the context of a broader understanding of different disease areas and products to ascertain the right strategy. Benchmarking is key here: KPIs such as awareness, patient share, likelihood to prescribe and corporate reputation will guide you in how products tend to be adopted in a specific therapy area. A benchmarking database will tell you what a good launch looks like in terms of a particular metric in your therapy area.

So, myriad opportunities exist for companies that are prepared to react to, and engage with, the changes that now influence the landscape. It’s not about controlling the multichannel environment; it’s about understanding it. Brand marketing needs to change to reflect new customer needs but pharma brands already have all the skills and evidence available to be successful. The key is applying them in the right way, and this is what will deliver unrealized brand opportunity. For those who are smart enough to embrace this new approach, perhaps it’s more a case of: “Brand marketing is dead! Long live brand marketing!”

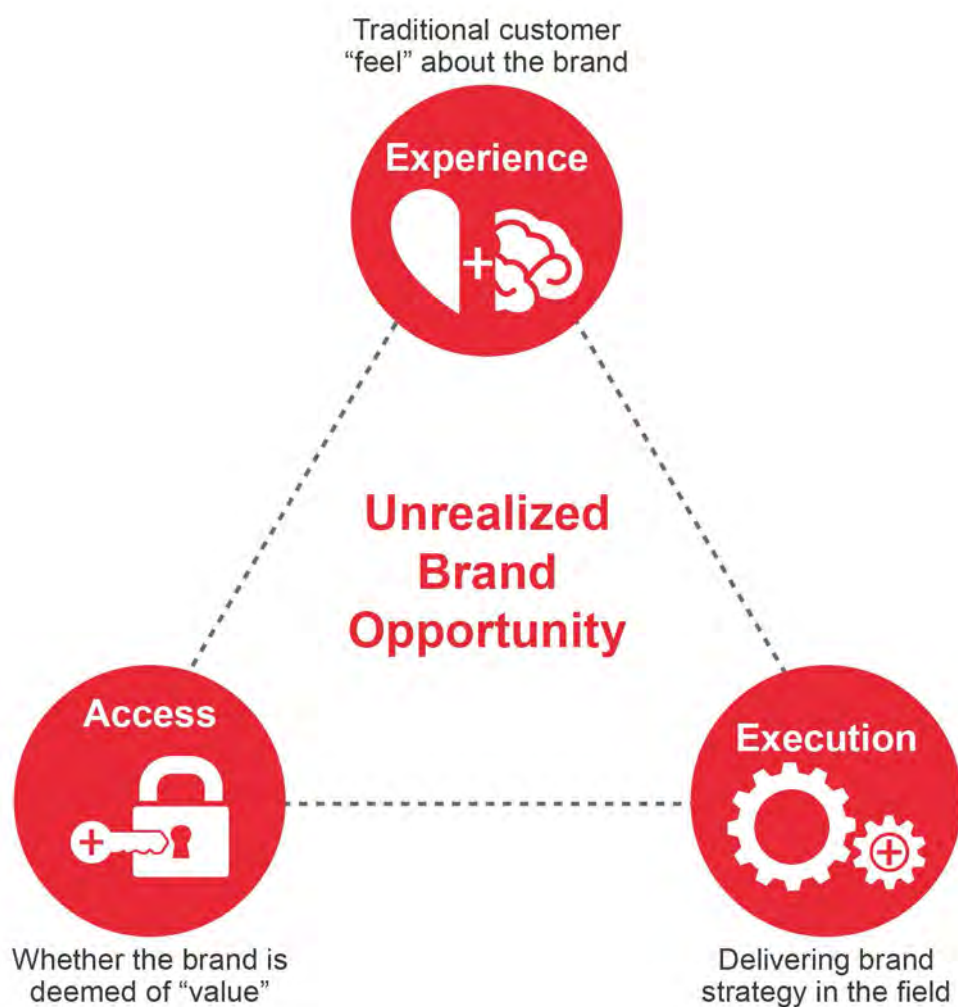


Figure 2: Experience, execution and access form the essential pillars of exploiting unrealized brand opportunity, founded on a solid evidence base.

Is pharma brand marketing dead?

Ascending to the peak of brand performance.

“New” brand marketing



Experience Access Execution



Monitor:
Keep checking that you are going in the right direction and adapt



Develop:
Plot the quickest route to success, using deep insight



Diagnose:
Look ahead, internal and external + benchmark



“Old” brand marketing



The importance of evidence in proving brand value

Pharma needs a more scientific approach to launch, driven by evidence-based research.

Recent changes in healthcare are propelling the pharma industry to produce more evidence and work more collaboratively.

Payers themselves are collecting much more robust evidence that will either prove or disprove the claims the industry is making for brands. They have access to the same multichannel world as pharma and are able to seek information on their own – they don't just rely on pharma anymore.

The sheer proliferation of information is a game changer, and this abundance of readily available information, from multiple sources, means that unless pharma is adding new evidence, this data has no value.

One also sees a shift in active data collection to behavioral sources such as Twitter, online communities and device tracking. This must form part of the mix driving decision making.

Perhaps as a consequence of needing to provide more evidence-based data, we're now seeing marketing as more about measurement and science in terms of the way companies want to see returns, but with more of a consumer approach from the marketing teams.

The understanding is that if you can't measure exact ROI for brand marketing in the way that you can, for example, via sales with the launch of a car, then at least companies should have a more ordered approach to where they place resources and maximize investment.

While it's true that consumer skills have been brought to brand marketing (where the rise of empowered patients has again played a role), the emotive approaches on which the consumer works are simply not enough in pharma; the focus now is on internal and external evidence bases. We are seeing fewer and fewer big, super-product, blockbuster drugs coming to market. In the past a product had more leeway on whether it achieved peak sales of \$1.5 billion or \$1.8 billion. Now, if that figure is closer to \$500 million, you have to be confident in achieving it. Consequently, companies are taking a more scientific approach to pre-launch – not scientific in the laboratory sense, but in the sense of taking care to get a brand on that peak trajectory in the first place. In the past the focus was on simply getting the brand into the marketplace and working out how to beat the competition when it's out there. That doesn't work now.

Pharma needs this more scientific approach to launch to be driven by evidence-based research and more evidence-based measurement of results. One of the biggest organizational changes we've seen over the last few years is the way in which responsibility for the period "T minus two years to launch" seems to have settled more in the strategic marketing space and less in development, reflecting a need to plan out the market access pathway properly, get the channel mix right and do the classic marketing exercises, including forecasting.



There has been a shift towards active data collection, from sources such as Twitter.

It's no good getting a diagnosis of what has already happened

Above all, you need a strategy that makes sense to predict behavior or markets and individuals so you are not looking backward.

You do not want a diagnosis of what has happened in the past. The new reality of brand marketing in the pharma industry is that any diagnostic tool needs to be clearly looking toward opportunities in the future – and that's the main difference between it and all the approaches that have gone before.

Whether you are looking at current or new prescribers – that is, new or existing targets – the focus has to be on the people who are likely to change their habits. This forward-looking view of your customers is important: in traditional brand research, everyone rates performance, but you also have to look into likely future usage, examining current share and identifying who would consider using the product in the future.

By doing this it will be possible to build a 360-degree perspective based on your experience of how, for example, a hospital-based physician would work; looking at all the environmental, influencing factors – such as distribution, pricing, guidelines, hospital recommendations and accessibility – in that setting. While it's difficult to predict changes in the reimbursement environment, it is possible to evaluate how much share you are losing based on accessibility. From this you may well find that it is still important to allocate resources to communicating safety and efficacy, but it may also show that you shouldn't invest in more communications but rather in lobbying. If you simply keep communicating and don't know about the environmental factors that prevent the physician from prescribing, then you are just repeating the same thing – to no effect.

Instead, pharma needs to isolate which factors would contribute to gaining share and come up with directly actionable means of addressing them. As an industry, we need the ability to predict which physicians are likely to start using a brand in the future. We can ask them whether they intend to, but it is from other market factors such as formulary and hospital recommendations that we will build the clearest picture. Some doctors might want to use the brand but simply can't because of the environment they are in.

Bringing together data on share

performance and physician influence, including their intention to prescribe and/or switch, as well as which patient profile they would prescribe to is essential. But this must then be analyzed in the context of a broader understanding of different disease areas and products to ascertain the right strategy. Benchmarking is key here: KPIs such as awareness, patient share, likelihood to prescribe and corporate reputation will guide you in how products tend to be adopted in a specific therapy area. A benchmarking database (and they do exist) will tell you what a good launch looks like in terms of a particular metric in your therapy area and is one element that will enable you to see how much more you can do in this space.

Following initial analysis, many factors will feed into developing your strategic brand plan. Pharma needs to focus on a range of contributing factors to improve product share – such as sales reps or other environmental factors – that need to be ranked. The most important might be accessibility, the second might be reps, the third patient advocacy, and so on; you need to be able to break down which aspects require focus to get something tangible from the process.

At this point it would make sense for marketing, communications and sales to come together to discuss the results to ensure you are comfortable with the data. From there it should be a war-gaming process, looking at different scenarios and what might happen in the market. After developing an initial strategy, it is worth revisiting – every two years at a minimum and once a year if possible – to monitor changes and see that everything works, and perhaps even tweaking the metrics if need be.

Above all you need a strategy that makes sense, predicting the behavior of markets and individuals so you are never looking backward. Some doctors will never change their habits – but the key point is to protect your investment, so focus on where you have the potential for a good return. Companies must prioritize their resources: we know there will almost always be some barriers you can't overcome, so leverage what you can.

Minding the gap in the UK multiple sclerosis market

The global multiple sclerosis market is estimated to grow by more than 50 percent over five years.

Identifying brand opportunities in competitive markets with several new and innovative contenders requires a disciplined focus on the three pillars of brand success – experience, access and execution. **Richard Goosey** puts this into a UK perspective.

The global multiple sclerosis market is estimated to grow by more than 50 percent over five years, from \$12 billion in 2013 to \$18.3 billion by 2018, according to research by Datamonitor Healthcare.¹ This growth is driven by the emergence of a cluster of new oral therapies, such as Gilenya, Aubagio and Tecfidera, which suggests the incumbent brands will struggle to maintain current share.

But such a busy and competitive market also serves to demonstrate opportunities for brands to realize their full potential and start closing the gap between the market share they currently command and the share of preference reported to us by prescribers, in this case neurologists, if they were free to select the products they feel are most appropriate for their patients.

In the past, multiple sclerosis has been quite a turbulent market, as products that have been through the licensing and guidance processes have been withdrawn because of side-effect problems only to be reinstated once new data became available. Now it is in flux because a number of new and

innovative disease-modifying drugs (DMDs) are challenging the status of the established first-line treatments for relapsing-remitting multiple sclerosis, which in the UK are Rebif, Avonex, Betaferon, Extavia and Copaxone.

The agents, old and new, all have different selling points, and the most important thing in such a market is to know where to focus communications and associated materials.

There are issues to do with the market and positioning in terms of what is used as the central lever to ensure the brand's data is fully utilized and supported by the key opinion leaders (KOLs). Identifying the right area of focus can enable companies to substantially grow market share.

This requires a new approach that combines the core components of brand success – experience, access and execution – into a single analytical and holistic framework to pinpoint the critical issues that can open up new opportunities.

In terms of experience, it is important to observe that several different methods of administration are available for multiple sclerosis treatments in the UK. All first-line treatments are given by injection either intramuscularly or subcutaneously from daily to weekly, current second-line agents being either monthly IV or daily orally, and new pipeline products being focused on oral administration.

They compete on elements of convenience, but the most important differentiator is their efficacy in controlling the advancement of the disease, resulting in fewer relapses. This creates an opportunity for a current second-line agent, which is given every four weeks by IV and performs strongly on the key drivers of reducing the number of relapses, having good efficacy, having a positive impact on myelin repair, and reducing neuron degeneration.

However, the obstacle preventing this novel agent from realizing its potential is an access issue, not in terms of its cost-effectiveness but in that it is not currently

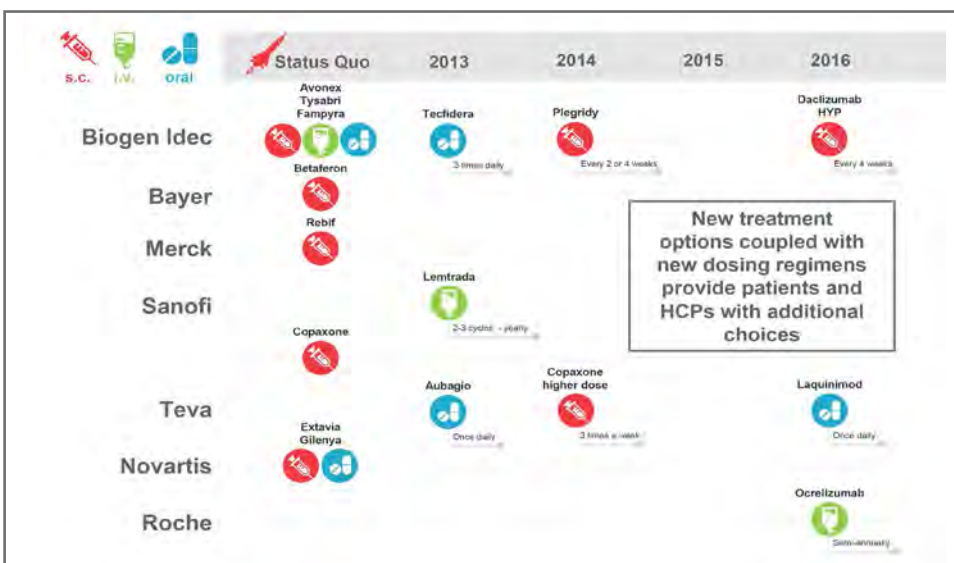


Figure 1. Market situation - new opportunities in Multiple Sclerosis



The multiple sclerosis market is changing rapidly thanks to a wave of new products

Suddenly, a useful picture of the opportunity has emerged, built using social media listening.

licensed as a first-line treatment.

Due to the very high levels of satisfaction with the agent among neurologists, an extension of its license to first-line treatment would almost triple its brand share from 12 percent to around 33 percent.

This is confirmed when you consider execution of the brand strategy in the market, i.e., how pharma companies are communicating the value of their products. To do so, you need to evaluate all the various marketing elements, including the share of voice being created in the marketplace, the performance of the sales force, the channels they are using and the quality of the materials that are being prepared for neurologists.

This agent again outperforms all of its competitors in the methods it is using to communicate the benefits of the treatment for the patients, significantly creating an equity gap between its current market share and its preference share with prescribers.

Here, share of preference becomes a key evaluation metric that shows the product's prescribers would select it if they had free choice. A clear differential with market share reveals an opportunity or true brand equity that can be exploited. As the drug is already used by 85 percent of prescribers (within the terms of its license), prescribers were keen to use it in many more of their patients.

Suddenly, a useful picture of the opportunity has emerged, built using social media listening to first observe how patients feel about their current treatment and what other treatments they are advocating (the voice of the patient is being heard) before conducting more direct research with prescribers and payers to flesh out the drivers behind treatment pathways and

decisions to switch.

This example looks at just one market and one therapeutic area, but the focus on experience, access and execution is valid in many other areas. For our novel multiple sclerosis treatment in the UK it highlights how, in a highly complex market with multiple agents, the most important area to focus on for closing the gap between realistic and optimal market share is access – lack of license approval as a first-line treatment. Many other areas could be researched and exploited by the marketer, all of which might make them feel like they are doing useful work reaching for “low-hanging fruit” but missing the true opportunity and not realizing the full potential of the brand.

For example, Biogen Idec recently demonstrated this in multiple sclerosis, when its new product, Tecfidera (twice-a-day tablet), received final draft guidance from NICE (July 2014) for treatment for adults with active relapsing-remitting multiple sclerosis, reversing the decision to not recommend Tecfidera made in the previous draft consultation document issued in February 2014. The MS Trust was an active contributor to the review process.

Brand opportunities in competitive markets are not easy to identify, and getting it wrong can be as expensive as the rewards that can flow from getting it right. For pharma marketers, it is becoming ever more important to mind the gap between a product doing well and one that truly lives up to its potential.

Reference:

1. 'Multiple Sclerosis market to reach more than \$18bn by 2018', Datamonitor Healthcare, Aug 2013.

Marketers, let's stop pretending... go ahead and smash down your silos

Debating the current state of pharmaceutical marketing were three experts in the field:



Mark Sales, Head of Global Brand & Customer Experience, Kantar Health



Ian Vessey, Managing Director, Spherix Global Insights



Nick May, Independent Marketing Expert

A recent live webinar discussion hosted by pharmaphorum posed the question: “Is pharma marketing dead?” While the answer is good news – pharmaceutical marketing is indeed alive – it does require new thinking and a determination to break down organizational silos to fulfill its potential in a rapidly changing industry.

Pharma is changing fast – marketing needs to catch up

Kantar Health’s Mark Sales says the pharmaceutical industry and healthcare have undergone significant changes in the last five to 10 years, with the expiry of blockbuster, “mass market”, small-molecule brands giving way to a new range of biotech and novel therapies, often for rare diseases – a new paradigm that demands new marketing approaches.

Meanwhile, in terms of customers, the prescribing doctor is no longer the lead decision maker, with payers and health technology assessment (HTA) bodies such as the UK’s NICE increasingly in the driver’s seat.

Add to that the growth of patient power, the rise of social media, and the future role of technology companies such as Google and Apple in healthcare, and you have a very different healthcare landscape.

Set against that, many of the marketing orthodoxies haven’t changed, or at least not fast enough.

Sales says, “The environment has been transformed in the last decade, and there are a lot of exciting developments ahead of us. Marketers in the industry are going to have to evolve rapidly to make sure we stay ahead of the curve.”

The “good old days” are gone

Ian Vessey is the former commercial lead, anti-infectives at Novartis and is now a consultant at Premark Services.

He paints a picture of the industry when he joined as a sales rep around 25 years ago, illustrating just how much things have changed.

“I remember in the late '80s when I was supposedly at the sharp end of the industry, in sales, climbing out of my shiny new Vauxhall Cavalier and visiting the rural practices of Oxfordshire and Buckinghamshire and not finding it too hostile. I had my glossy brochures in my briefcase, and I told my story to friendly rural GPs [general practitioners] and the prescriptions came rolling in.”

Vessey says those days are long gone, with demands for evidence much greater now, and pharma’s customers much better educated as well. This means pharma marketers must up their game to be successful.

“Marketers have always provided market insight, but those insights are now more difficult to find. It’s not about whether to go with the red or the blue sales aid, but something more on the strategic level.”

So what is true market insight? This is his definition: “It’s that not-yet-obvious driver of behavior that offers a chance to win in the marketplace. That is why we need to be more exploratory and speculative in our market research activities.”

He says silos within pharma remain a major obstacle. “It never ceases to amaze me how territorial people can be within these silos. That is one of the biggest challenges that we face; the best companies will address that.”

He says “lip service” is being paid to the idea of having joint R&D and marketing input at an early stage, but this has to become real to produce benefits.

One way of getting drug development colleagues to buy into the need for earlier

“I am convinced that innovation will come out of diversity – when people look at the same problem from different perspectives, new approaches will emerge.”

strategic marketing input is to involve them directly in market research.

“We had a market research project which we knew was likely to produce some findings that our development colleagues would be likely to resist,” he says.

“So we invited four of the medics in the team to be questioned as part of the survey. Sure enough, the results were surprising, and three-quarters of those interviewed agreed with our hypothesis. And three out of the four medics interviewed also agreed with it.”

He says this approach allowed the medical team to understand the role of marketing and helped two-way collaboration. Vessey says there is no conflict when you look at the problem differently.

“Marketers need to add value – to our organization and to healthcare. So if we deliver value, commercial success should follow. Our customers are also trying to add value to their patients’ lives, improve their quality of life, and society at large. And payers are trying to do the same as well.”

He says that marketers need to turn promising therapeutic candidates into strong commercial products, a skill needed more than ever.

The “who” and “when” questions of pharma marketing

Nick May, an independent marketing expert formerly with Sudler & Hennessey, says the industry’s marketers must continually not only question who they see as their customers, but realize that different stakeholders are the key customers at different stages of the product’s lifecycle.

“There are multiple stakeholders now. In the good old days there were probably three or four, but now I estimate it to be 12 to 15 stakeholders,” May says. “The actual end prescriber is now a fairly minor stakeholder within that.”

He says the best answer is for someone to be given overall responsibility for the entire development process. “If someone has the authority and an overall vision over time that makes a big difference. We can, for instance, start thinking of the lifecycle of the product not beginning after launch but before, at the beginning of Phase II development.”

“I was at a client recently in the U.S., and I asked if the marketing team really acted coherently with other departments. They said yes – market access is sitting with us now. But were they really acting as a team? I think that the answer was ‘sort of’ – and I am sure that remains a common story.”

He adds, “I am convinced that innovation will come out of diversity – when people look at the same problem from different perspectives, new approaches will emerge.”

Emerging trends: patient power, Big Data

While there is a continuous evolution in the influencers and stakeholders in healthcare, the emergence of “patient power” is one of the most striking developments.

Vessey says, “That is part of the diversity I’ve been banging the drum about. Patients should be represented, and they should be around the table.”

The role of Big Data and electronic medical records (EMR) is another emerging trend likely to transform healthcare in the not-so-distant future.

“EMR and real-world research are going to change the face of what we do in the industry – but no one yet understands the final shape of the field,” Sales says. He notes that large datasets already exist, but the analysis and how to make good decisions based on these has not yet reached maturity.

The biggest change we need to make

So, in conclusion, what is the single most important change that pharma marketers should target?

May suggests that the change is twofold. In external relations, he says marketers need to understand what their brand needs to be for different stakeholders at different times. In terms of internal relations, a structure needs to be put in place that can make that happen.

Vessey says the imperative is to embrace innovation. “You need to see the need to do things differently and stop following the herd. If you do what you have always done, you are always going to get what you have always got. If you look across the sector, biotech companies have done that best. They have walked the innovation talk, which seems to have been difficult for pharma to replicate, but it can be done.”

Summing up, Sales says: “I think we need to stop pretending we are knocking the silos down and actually go ahead and smash them down.”

He adds, “Working without silos in a cross-functional way is the only way to be really holistic: around the data sources we use, around proper collaboration, or looking across the lifecycle and starting at Phase II. Stop pretending and actually do it!”

There is no doubt that the next five to 10 years hold many more rapid changes in the market, thanks to pharma’s exciting pipelines and growing pressures on healthcare budgets around the world.

Companies that can innovate not only in the molecules they are developing but also in the offerings they make on patient outcomes and solving healthcare payers’ problems will be the winners – but it will take courage to break from established practices.

Uncovering the missed opportunities for maximizing your brand potential

The good news is that plenty of unrealized opportunities still exist, but we as an industry need to advance the discussion and our approach.



A question: How can you maximize the potential of your brand? Put another way: How do you know what opportunities for maximizing that potential you are missing in the first place? Focusing your resources on the right areas will help you identify and exploit these opportunities – but first you need to know what they are.

Let's rewind a little. While significant changes have occurred in the pharma industry in the last few years, not least in the sales arena, where the rise of payers and empowered patients has realigned commercial relationships with prescribers, the brand marketing function has not yet been forced to adapt to new realities.

We maintain that the primary issue is that organizations are not necessarily working holistically across the business. As stated previously, market access teams are doing market access, brand people are doing branding, and those who are doing the execution, be it multichannel or sales force, are still doing them separately. This lack of coordination only further demonstrates why businesses are not achieving maximum impact and benefit for patients.

The good news is that plenty of unrealized opportunities still exist, but we as an industry need to advance the discussion and our approach of actually pulling it all together for the benefit of our brands and stakeholders.

We know this has already happened on the sales side, through necessity rather than through choice, in part

because of patent cliff issues but also because of company downsizing, more targeted segmentation and messaging due to the increase in niche indications, and the proliferation of information leading to reduced return on investment (ROI) from traditional detailing. There is also the issue of market access and the change in the identity and role of payers plus patient advocacy but many of these environmental "push" factors apply to marketing too.

Pharma has looked very intensively at ROI when it comes to the sales function (and also trying to invest smarter in R&D), and attention is now turning to marketing because this siloed approach that we see time and again is simply not an optimal use of resources. Doctors are increasingly saying: "We are payers and this is how we want to be walked through a new product." Throwing a sales rep or a market access expert at them is perhaps not the best approach; they need to be treated as a customer.

Governments globally are waking up to this too. For example, in the UK, the much-vaunted value-based pricing (VBP), now value-based assessment (VBA), means an organization needs to approach these powerful payers in a holistic way. Rather than saying, "Here's our strategy, take it or leave it," instead we need to say, "This is the value we're going to bring." Any other approach is increasingly likely to fall on its face. All of this is further complicated by patient groups and empowered individual patients increasingly flexing their muscles when it comes to influencing healthcare decisions.



ABOUT THE AUTHORS



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ABOUT PINNAKLE

PINNAKLE™, Kantar Health's new, integrated, holistic approach for driving brand success, helps clients realize unrealized brand opportunity.

As a leader in addressing the changing commercial model in healthcare, we offer multifaceted experience and validated tools and methodologies that connect information and research.

PINNAKLE™ provides unique insights that drive brand success and improve the customer experience across the product lifecycle. In addition, for healthcare brand and marketing professionals, Kantar Health delivers proprietary methodologies for optimally planning, growing, driving and defending brand performance. Our combination of information, research and consulting expertise informs better brand and customer decisions, instills confidence and optimizes market success.

ABOUT KANTAR HEALTH

Kantar Health is a leading global healthcare consulting firm and trusted advisor to many of the world's leading pharmaceutical, biotech, and medical device and diagnostic companies. We combine evidence-based research capabilities with deep scientific, therapeutic and clinical knowledge, commercial development know-how, and brand and marketing expertise to help clients evaluate opportunities, launch products, and maintain brand and market leadership.

Kantar Health deeply understands the influence of patients, payers and physicians, especially as they relate to the performance and payment of medicines and the delivery of healthcare services.

Our 600+ healthcare industry specialists work across the product lifecycle, from preclinical development to launch, acting as catalysts to successful decision-making in life sciences and helping clients prioritize their product development and portfolio activities, differentiate their brands and drive product success post-launch.

For more information, please visit www.kantarhealth.com

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