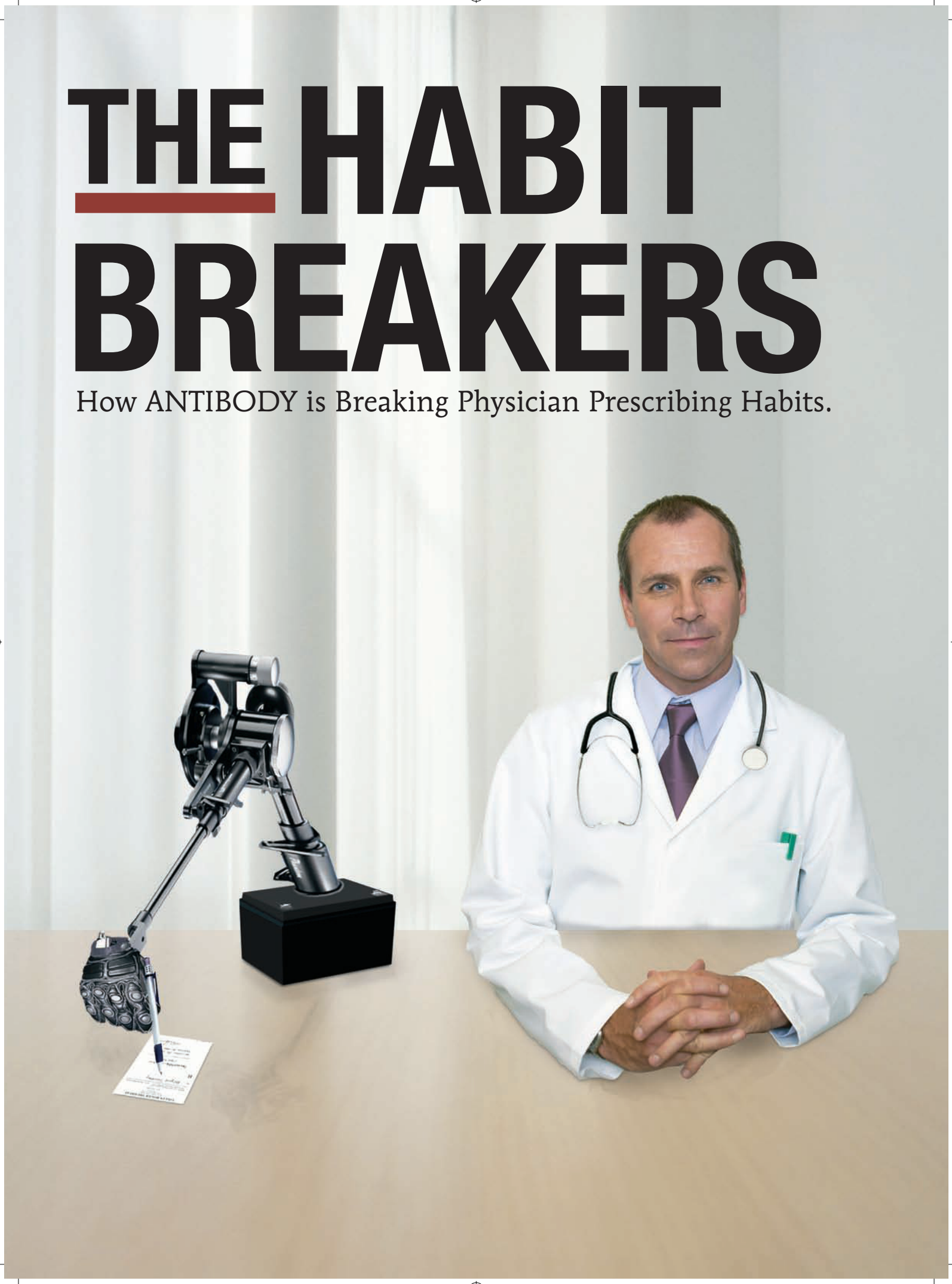
THE HABIT BREAKERS

How ANTIBODY is Breaking Physician Prescribing Habits.



This article isn't about ANTIBODY. After four years in business it's our take on what's going on out there. And what clients and agencies have to do now to make brands more successful.

Times have changed? Not really.

Forget all that stuff about how "Everything's changed now" and "There's a new paradigm for marketing success." It's the same as it's always been. You have a good drug, you have a rep who goes in to sell it, you provide educational, promotional and support materials, the end. Everything is the same. But some of the emphasis has shifted and if you tune into the subtle grinding of these tectonic plates, you can win.

The shifts: Learning to love them.

Yes there is more competition, but there has always been competition. And there are plenty of "me too's." Always have been. And generic options as well. But everyone says the blockbuster era is over. It's not. The old definition of 'blockbuster' was a compound vastly clinically superior. It was like winning the lottery. Today we have to market our way to blockbuster status. (Poor us, instead of drugs that sell themselves, we have to do it.) Rep forces are often smaller, sure, but things aren't tougher, they're just a whole lot more interesting. We have to look deeper and be smarter. Just like always.

Why good drugs sell badly.

You know your brand is better than the competition's; all the evidence is there. But why aren't doctors prescribing the hell out of it? Here's why: Docs come out of school with two or three brands in mind for each disease category. They're trusted "go to" brands, with maybe a couple of back-ups. And they're locked in. You've got asthma; I'm going to give you Brand X. It looks like an infection, Brand Y. The average GP has over 2,000 patients. Wouldn't you do the same? If a habit is an acquired mode of behaviour that has become nearly or completely involuntary, bingo, that's what we're up against.

Change behaviour. Change everything.

So if a doctor is functioning out of habit, (for simplicity, we'll use the male pronoun here) how do you make him snap out of it and write your drug, that he knows about, your reps have detailed him on, but he still hasn't written on his little white pad? The same way you break any other habit: dramatize how much better his life can be without his old brand (more satisfied patients; a more satisfying practice) take baby steps

(no cold turkey, get trial usage on one patient at a time), reinforce the core messages over and over again through as many communication channels as you can, covering as many angles as you can: the data, guidelines, competitive comparisons, patient profiling, what other physicians are doing, and so on. Nobody quits an addictive habit with a solo technique. It takes lots of them.

The front lines: Still your reps.

Not unlike many habitually addicted folks, every doc has a counsellor: your rep. But here's another shift: it's not about the rep being an "information provider" anymore. Docs are flooded with disease information. Google your disease category and see the pages of links you get. Google your drug, same thing. The job now is not just to educate. The job now is all about your product and where it fits. Today, out of a five-minute call, 80% of that time should be dedicated to positioning, selling and expanding the use of your brand, and well, habit breaking. It's essential that your rep becomes a sales person once again. No apologies about salesmanship either, it's too big an opportunity.

The comfort zone. Making them sweat.

Every Product Manager feels it: "I'm hands off now, I don't call on doctors, so how do I go to a sales meeting and crank them up to get us to where we want to be?" By getting more out of your high prescribers. And there is a way to get more. Which is easier, getting new prescribers from scratch or getting the high prescribers to add more? It's a balance. And you need strategies and tactics for both. Your real objective should be more like Coca Cola's, who are rabid, voracious marketers. If people drink four cokes a day and business is great, they want them to drink six. So when a doc says," "I use a ton of your drug," most rep calls politely end there with a thank-you. Big mistake. We should always be thinking of expanding the brand no matter what. Your rep should be asking questions like, "Okay, tell me what patient type you wouldn't consider it for." And then pull out a jolting, competitive sales aid. Now he's sweating. He's on his way to a cure.

ANTIBODY co-founders James Cran, Managing Director, (left) and Michael Paul, Creative Director, check out construction on their new expanded office.

The "fold-back" sales aid. Another sale lost.

Reps who don't use the creative idea on your detail aid are smart. They know it won't work, or at least, work for them. They go right to the charts. And miss opportunities. Maybe it's because these pieces are created by "ad types," not ex-reps working with creative talent, who know it has to rock them, start a conversation, get a reaction and springboard even a hesitant rep into a call. It should be simple, visual (even if your rep has laryngitis he should be able to make a great call) and above all, provocative. It has to stop them, challenge them. No people running on a beach. No old farts on bikes. It has to leave a lasting impression.

Greed Kills.

You have to *want* the whole world to be on your drug, but *know* that you have to focus. If your drug is recently launched, formulary is a couple of years away. Don't target 65–year–olds. Don't try to get all asthmatics. Don't aim for every diabetic. Pick your market apart skillfully and attack at its weakest point. It may look like smaller volume, but it really isn't. Once a doctor sees it work, he'll drop his old habits and expand it for you. The way it works is that every GP essentially runs mini clinical trials within his own practice. If he has success on a handful of patients in his 'trial', all of sudden you have a higher prescriber. The key is ensuring that those initial patients do well. You can help make that happen. Three words: patient adherence strategies.

Get one patient, lose three. Who's paying attention to this?

For some strange reason, after an average of three months, even with serious heart drugs, people drop off. All medications have side effects, especially at first as the body adjusts. But when patients complain, physicians are more likely to just switch them. And that could be *your* brand he replaces. How to fix? Manage expectations. If docs and patients borrowed some tips from the Marines, "You are going to get shot at, you will hate where you're going," then when they get there and find it's not that bad, they stick with it. If you tell docs and patients there may be initial dry throat, it's nothing when it happens, you keep two people happy and healthy. If adherence experts haven't trained your agency folks, insist on it. It's changed the way we talk to our client's patients.

Some of the talented ANTIBODY Product Directors and Art Directors.

The Peer Push.

CHE is a great way to break habits. The content can reinforce strategy. Peer to peer events legitimize and reassure, like hearing from others who have successfully kicked the habit. But CHE has been done to death, traditional case studies are tired formats. Today you have to find new, more compelling ways to engage them. You need totally original, best in class tactics. Forget the "Big Idea," you need Monster Ideas. Live events are great, but how do you reach GPs in Wawa without spending the GNP of a small country? Web casts. Even physicians who are hard to see will see you online. (ANTIBODY organized over 50 web casts in 2006.)

SIMPLE IS BETTER.

Putting it all together.

We're talking about changing behaviour, sometimes deeply entrenched, life-long behaviour. So no more Mr. Nice Guy. Arm your reps with communications that are simple and challenging and make them squirm. No "Oh, we can't do that!" thinking. The safe communication strategy is the riskiest of all. Give them something that sticks. Broaden the channels to create an efficient mix that feels like your brand is everywhere. Rep materials, CHE, web casts, high impact Direct Mail, page-stopping journal ads. A successful campaign doesn't just say the same thing over and over, that's boring, it *says the same thing in different ways.*

Do this or die.

Here's the wrap-up: You have habits to break. It's hard to do but it can be done. Physicians can and will change. So these days it's a skillful mix of old and new. You still need the traditional pieces, but you need more. You have to be more original and creative in every aspect. And we don't mean just creative as in ads. It's not just about creativity, it's about *innovation*. It's all about what's next. To get there takes best in class goals, a never-settle outlook and a simple instruction to anybody who touches your brand: "Surprise me."

Got a comment or different point of view about this article?
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A few of ANTIBODY's health science experts.