



PUT THE PERSON FIRST

HOW BRANDS CAN INSPIRE DOCTORS
TO TAKE MORE ACTION

2019 WUNDERMAN THOMPSON HEALTH INERTIA STUDY

The 2019 Wunderman Thompson Health Inertia Study is the agency's third annual study on health inertia, a common behavioral pattern in which people know how and why to make the right health decisions, yet they fail to do so. To date, our studies have investigated this behavior among consumers and identified innovative communication strategies to motivate them to make better decisions. This past year, we shifted our focus to doctors.

We focused on doctors whose patients are at risk of osteoporosis because there is a gap between the recommendations of the US Preventive Services Task Force for ordering screening tests and what doctors are actually doing in daily practice. Our hypothesis was that current communications methods, which are largely rational and relayed uniformly to all doctors, can be improved by being more personalized.

METHODOLOGY

1 Qualitative Research: Motivation Mapping

To understand why some physicians do not follow established guidelines for osteoporosis screening, we used our Motivation Mapping technique. We conducted one-hour interviews with a series of primary care physicians who see high volumes of patients at risk for osteoporosis. Our goal was to understand their attitudes, behaviors and motivations around ordering bone density screening tests. Based on these conversations, we identified four key motivators that would encourage doctors to follow established guidelines for screenings. We launched a two-phase research project to understand whether creative content tailored to these motivators could change behavior more successfully than current educational campaigns.

2 Quantitative Research: Phase One

We undertook a quantitative study of 500 primary care physicians to validate the motivators we identified through Motivation Mapping. We then conducted a factor analysis to identify the most common and differentiated motivators.

3 Quantitative Research: Phase Two

We developed four creative assets, or ads, each tailored to a different motivation. Then, we recontacted the doctors who had participated in phase one. We divided them into groups to test and measure the impact of two scenarios: 1) presenting a personalized ad tailored to their primary motivation and 2) presenting an ad designed to evoke either an emotional or a rational response.

CONTENTS

04 PARTNERING WITH DOCTORS TO BREAK HEALTH INERTIA

05 WHAT MOTIVATES DOCTOR BEHAVIOR?

06 STUDY FINDINGS

07 OUR EXPERTS WEIGH IN

09 HOW WE CAN HELP

PARTNERING WITH DOCTORS TO BREAK HEALTH INERTIA



By Becky Chidester, CEO

Like many of us in the industry, I have interacted with lots of doctors throughout my career. Working on this report has given me the opportunity to reflect on how different each doctor and each encounter has been. For example, some doctors focus almost exclusively on efficacy and safety, while others focus more on the whole patient experience, including side effects and reimbursement issues. As live interactions between marketers and doctors are increasingly restricted, it is even more surprising that the healthcare industry continues to take a one-size-fits-all marketing approach, instead of engaging with doctors in more personal ways that reflect the very real differences among them.

It gives me great pleasure to introduce our third annual report on health inertia, which is the first to explore how marketers can do a better job working with doctors. While our past research has focused on how to better motivate consumers to action, consumers are only one link in the healthcare chain. Doctors are critical players and have a significant impact on how care is delivered.

Taking a step back: What is health inertia and why have we chosen to focus on it?

Health inertia is a behavioral pattern known to many healthcare marketers. It happens when a person who has an abundance of information to make a healthy decision makes another—one that's unhealthy. For example, the person with asthma who stops taking his prescribed medication, the woman at risk for breast cancer who does not get screenings, the smoker who does not quit smoking, or the doctor who continues to prescribe one medication despite there being a better option on the market. The Institute of Medicine documented the latter phenomenon when it found a 17-year gap between the publication of new medical guidelines and their widespread adoption among clinicians.¹

When people fail to take the proper actions to improve their health, society experiences higher costs, poorer outcomes and missed opportunities for intervention. Health inertia is a significant public health challenge and an important opportunity for marketers to make a difference.

When education has not been enough, how can marketers inspire action?

The answer lies in personal communication that engages people as emotional beings, in identifying key motivations, and in tailoring content to address those motivations. Our 2018 Health Inertia Study found that marketing tailored to people's personal health motivations can increase consumer action by double to triple digits, compared to standard industry advertising. When it comes to people who do not take their prescribed medications, who do not get breast cancer screenings, or who fail to quit smoking, such increases represent a significant opportunity for healthcare marketers to help effect healthier behaviors. And they translate into vast savings in healthcare spending and better health outcomes.

This past year, we asked whether these findings apply to healthcare professionals.

We focused on doctors whose patients are vulnerable to osteoporosis, and we studied how marketers can better motivate them to prescribe screenings that can prevent injury and poor health. We found that marketers can significantly inspire doctors to take more action by discarding the traditional non-personalized approach and replacing it with content that's tailored to doctors' individual motivations. This finding represents a substantial opportunity for us to partner with healthcare providers to improve patient and public health.

Our greatest tool to fight health inertia lies in behavioral science. This discipline allows us to identify the knowledge, triggers, and emotions that motivate people to take positive action—or that prevent them from doing so. With this insight, marketers can craft personalized, emotional messaging to drive real change in attitudes and behaviors.

In the following pages, you will find our results and columns by Mark Truss, Chief Research Officer; Destry Sulkes, MD, Chief Experience Officer; and Nichole Davies, Chief Strategy Officer, who share more insights and discuss how marketers can apply them to their work.

Thank you for your interest in this report and for your help in our ongoing efforts to reduce health inertia and improve patient outcomes.

Becky Chidester

¹ Source: Crossing the Quality Chasm: A New Healthcare System for the 21st Century

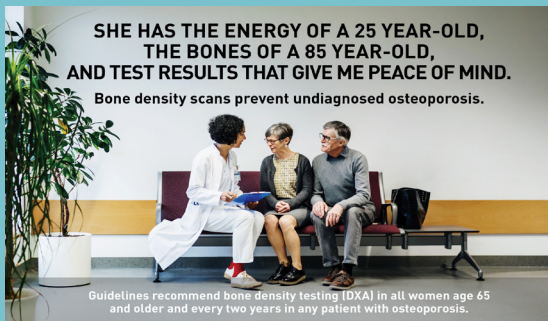
WHAT MOTIVATES DOCTOR BEHAVIOR?

Our qualitative research, validated though quantitative research, identified four major motivators for physicians, one rational and three emotional. To test the impact of marketing tailored to these motivations, we developed creative content for each one:



#1 "Why wouldn't I do it?"

Some doctors were clearly motivated by the obvious rational benefits of ordering screenings. Bone density tests are painless, easy to do, and generally covered by insurance. As a result, doctors see little reason not to order them. This creative asset focuses on the tangible benefits of bone density testing and the lack of barriers.



#2 "I feel good about my decision."

Like most professionals, doctors take pride in their work. When they go home at night, they want to feel like they've done their best work. This motivation is less about the patient and more about doctors having a sense of accomplishment in a job well done. This asset highlights the emotional benefit to doctors of providing screenings to patients who, outwardly, don't appear to need them.



#3 "I fear for my patient."

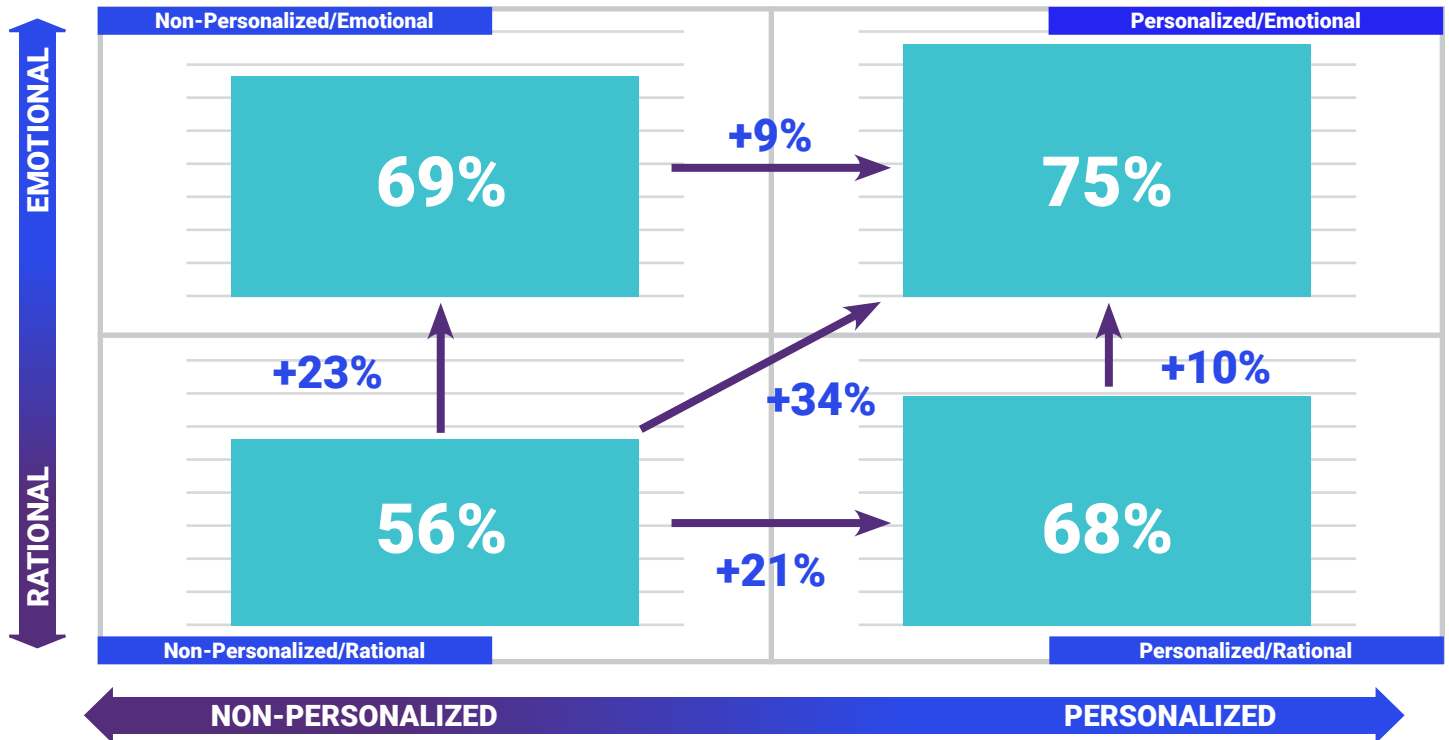
Not surprisingly, doctors' concerns about their patients were an extremely strong motivator. The doctors expressed visceral fears about their elderly patients falling and breaking bones, which is often the beginning of a downward spiral leading to poor outcomes. The patient-focused creative delivers a powerful and emotional message about the dangers of ignoring bone density tests.



#4 "I have more confidence in my clinical experience than in the guidelines."

Overconfidence was a major reason for doctors not ordering bone density tests. Some felt that their personal clinical experience mattered more than industry guidelines. This asset captures the emotional reaction of a doctor who discovers that his overconfidence could have led to a bad outcome.

STUDY FINDINGS: PERSONALIZED, EMOTIONAL CONTENT SPURS THE GREATEST ACTION



Non-personalized and rational content—the industry standard—prompts 56% of doctors to take action

Not surprisingly, only 56% of primary care physicians said that rational, one-size-fits-all creative assets made them want to order more bone density tests. This is about what we would expect based on other industry data, which show that only about half of all doctors follow the guidelines for recommended screenings.

Non-personalized and emotional content increases action by 23%

When we switched to an emotional creative, but did not personalize it, we saw a 23% increase in action. By simply including emotional appeals, we realized significant gains over purely rational appeals.

Personalized and rational content increases action by 21%

Similarly, when we sent doctors a personalized appeal but stayed true to the rational approach, 68% of doctors reported that they were likely to follow the guidelines moving forward—another significant gain over the one-size-fits-all approach.

Personalized and emotional content—the new gold standard—generates a 34% increase in action

When we combined emotional and personalized approaches, we saw a dramatic 34% increase in impact. Seventy-five percent of the doctors in our study who saw an emotional appeal personalized to their own motivations said that they were inclined to follow the guidelines.

OUR EXPERTS WEIGH IN



Insights for Marketers: My Takeaways as a Researcher By Mark Truss, Chief Research Officer

Most physician market research brings doctors into formalized settings where they are queried in a specific professional capacity, that is, as medical professionals. This approach presupposes that physicians are one-dimensional—that they’re doctors, not people—and reinforces expectations that the dialogue will be based on scientific, rational reasoning. Minimal allowance is made for underlying (often unconscious) emotional thoughts and feelings, an approach that results in findings that are often limited to learnings about what the doctors “know” and the “logical” conclusions they deduce from medical lines of questioning.

This is a substantial missed opportunity to learn about the thoughts and feelings that are under the surface—the ones that are not well understood but powerfully motivating in influencing behavior. Daniel Kahneman, PhD, won the Nobel Prize based on his research on the 95% of daily decision-making that happens without rational thought—and usually outside the scope of one’s awareness. This decision-making is responsible for many actions people take, unaware of why.

Our study was designed to apply our understanding of behavioral science to assess the difference between messaging based on traditional expectations that doctors, as scientifically-trained professionals, are purely rational versus messaging based on deeper insights about their underlying motivations.

We learned that the scope of research needs to be broad, including areas of inquiry that go well beyond the medication, diagnostic test or device we’re studying. It was interesting to see that some motivations clearly transcended the therapeutic area we were exploring and revealed some broad-based truths about physicians and what motivates them.

This study highlights:

- **Emotion conquers inertia.** Content for doctors has a greater impact when it is designed to elicit an emotional response. Whenever we can touch a doctor with a message that triggers an emotional reaction, we have a significant opportunity to change attitudes and behaviors. The same goes for consumers and people as well.
- **Personalization matters.** It’s critical to remember that doctors are people too and as such, their motivations differ from one doctor to another. Getting the right message to the right doctor is just as important as getting the right message to the right consumer.
- **Combining emotion with personalization is the new gold standard.** With new behavioral science research methods and population-level modeling techniques, it’s now possible to deliver both personalized and emotionally driven messaging at scale. And as our results show, it’s worth the effort.



Overcoming Health Inertia: How Brands Can Succeed

By Destry Sulkes, MD, Chief Experience Officer

Why are organizations wary of implementing personalized HCP communication strategies at scale? There are probably as many reasons as there are organizations, but four common concerns are:

- A lack of genuine motivational insights and data to model across populations
- Onerous regulatory requirements that hinder the review of multiple versions of content
- Production costs and complexity
- The challenge of staying on brand with a breadth of messaging versions

Taken together, these are daunting challenges. However, none of them should be considered unsurmountable, and most can be overcome with careful planning and stakeholder relationship management. Overall, the benefits of a personalized strategy far outweigh the costs, both in terms of time and investment.

Challenge one: We don't have the breadth of motivational insights or the data to create personalized and emotional messages for different doctors.

Most healthcare brands have plenty of research and data, but they may lack the deep motivational insights that doctors don't reveal in traditional market research. Marketers need to ensure that behavioral experts participate in primary research and data collection to uncover subconscious motivators. The segmentation that results can be scaled using existing data to model the insights across entire populations, quite similar to how field reps use typing tools. Personalized messages can then be sent through all channels, not just through the field force.

Challenge two: Regulatory requirements make this a nonstarter.

Many organizations believe that the number of creative assets needed for personalization will create a bottleneck of regulatory submissions. But a personalized approach doesn't have to translate into a drastic increase in regulatory work. Brands should balance the number of motivations against segment sizes, similar to the four versions used for this report, and alert the regulatory team up front that they will see several versions of a similar message, asking how they'd like to receive the materials. This is an opportunity for us to establish a new partnership with our regulatory colleagues.

Challenge three: The production cost and complexity outweigh the benefits to my business.

One of the biggest myths about personalization is that it involves a substantial increase in cost. If you're creating four versions of a message rather than one, you would expect a fee that is four times higher. In practice, however, fee structures allocate funds for the creation of a single overarching brand message, with a relatively small amount allocated for different versions. Practice has shown that this results, on average, in a 5% to 10% increase in costs, which is easily offset by a 20% to 35% increase in effectiveness.

Challenge four: I might dilute my brand with different messages to different segments.

By personalizing communication strategies, we're following in the successful footprints of the world's strongest brands. Apple, Amazon, Netflix, and Google are a few powerhouses that adopt very personalized approaches. While we all know what Apple stands for and delivers, each one of us has our own personal relationship with the brand. It's time for healthcare marketing to catch up with marketing best practices from outside our industry.



Building Brands in an Age of Information Overload: Understanding the Pressures That Doctors Face

By Nichole Davies, Chief Strategy Officer

Being a doctor has always been a busy job, but the pressures facing physicians today are unprecedented. Increased demands on their time are affecting their personal and professional lives, including the time they have to spend with their patients. The 2019 Physician Burnout Survey found that EHRs, paperwork and government/payer relations are top contributors to physician burnout. More than half of all physicians in the survey reported that they experience depression, exhaustion, dissatisfaction, and a sense of failure. As marketers, we need to respond in a thoughtful way.

Unfortunately, that's not happening. According to the CMI/Compas Media Vitals 2018 study "What Physicians Want and Need from Pharma," 55% of clinicians strongly agree that pharmaceutical advertising messages seem redundant and only 15% of them believe that pharma ads feel personalized to their needs.

That's why it's time to reflect on and revisit how we are communicating with physicians.

We now have better ways to learn about physicians' motivations and truly understand the impact of our communications in changing behaviors. The best brands have always made relevance one of the most important factors in attracting and retaining customers, but relevance is personal, contextual, and evolves over time. So how do we personalize our approach to customers without diluting the single-minded promise of the brand?

In increasingly crowded environments, effective brands know that connecting with users means continually delivering utility that is aligned with strategy. As we build brands, our promise has to be founded on a human-centered idea that reflects a deep understanding of customer beliefs and is developed to flex to the range of underlying human motivations that are uncovered. When this happens, we can create communications that reinforce the brand's philosophy in a way that feels personalized to every customer.

If we can elevate our brand promise to physicians, we can truly inspire the behavior change that is necessary to transform healthcare and improve patient outcomes.

HOW WE CAN HELP

Wunderman Thompson Health is a full-service marketing agency that inspires ambitious brands to growth. As part of the Wunderman Thompson network, we have access to a deep bench of expertise in everything from initial strategic consulting to the execution of award-winning campaigns. The behavioral strategies outlined in this report represent some of the best and most current thinking in the marketplace today. We have used this approach to help leading healthcare brands identify and implement strategies and campaigns that truly make a difference.

If you would like to know more, please contact us at www.health-inertia.com, or health-inertia@wundermanthompson.com.

 WUNDERMAN
THOMPSON

Health Inertia

2019 | Third Annual Study

www.health-inertia.com

#BreakHealthInertia