Customer-Driven Positioning: The next generation approach to pharmaceutical product positioning

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Abstract Establishing the pharmaceutical brand position — the advantageous location a product owns in the minds of physicians — is arguably among the most challenging components of marketing campaign development. Identifying and owning this coveted intellectual 'real estate' is a key determinant of success or failure, especially in today's hypercompetitive environment. Current marketing research methodologies employed to ascertain the ideal brand position are, however, inefficient and ultimately may not permit the development of truly 'aspirational' positioning themes. This is simply because in the course of positioning statement development, study respondents (physicians) are exposed to fully formed messages that mingle clinical and emotional benefits with 'aspirational' claims, often incorporating idealistic utilization demands (eg, use us first-line). The essential problem with exposing physicians to complete positioning statements is that they are unable to unravel, and thus understand and appreciate, the meaning of these complex accumulations of ideas and often reject them simply based on the 'weakest link' principle. This paper proposes an alternative, eminently simple approach called 'Customer-Driven Positioning', which more closely reflects the process by which physicians truly want to engage and learn about a new pharmaceutical product. The paper will illustrate where this process should be employed in relation to other qualitative and quantitative research techniques used in promotions development.

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INTRODUCTION

Establishing the pharmaceutical brand position — the advantageous location that a product owns in the minds of physicians — is arguably among the most challenging components of marketing campaign development. Whether launching a completely novel entity, to a medication with incremental benefit, identifying and owning this coveted intellectual 'real estate' is a key determinant of success or failure, especially in today's hypercompetitive environment.

As this paper will propose, current marketing research methodologies employed by most companies to ascertain the ideal brand position are, however, inefficient and ultimately may not permit the development of truly 'aspirational' positioning themes. This is simply because in the course of positioning statement development, study respondents (physicians) are exposed to fully formed messages that mingle clinical and emotional benefits with such 'aspirational' claims, often incorporating idealistic utilisation demands (eg, use us first-line).

The essential problem with exposing physicians to complete positioning statements is that they are unable to unravel, and thus understand and appreciate, the meaning of these complex accumulations of ideas and often reject them simply based on the 'weakest link' principle.

This paper will propose an alternative, eminently simple approach called Customer-Driven Positioning (CDP), which more closely reflects and mimics the process by which physicians truly want to engage and learn about a new pharmaceutical product. The paper will also illustrate where this process should be employed in relation to other qualitative and quantitative research techniques used in professional promotions development.

BACKGROUND: THE TRADITIONAL APPROACH TO BRAND POSITIONING

In discussing positioning, it is useful to first define terminology. As Al Ries and Jack Trout point out in their seminal work, *Positioning*, 'positioning is where the company wants its product to be placed in the customer's mind so that it will achieve optimal utilization'. Positioning is the fundamental basis for brand marketing strategy; it is the foundation of marketing a product, an internal statement of purpose that informs and drives the development of all subsequent marketing communications. In terms of judging the effectiveness of a positioning statement, it should be credible up against the clinical performance of the product, unique and thus differentiating from alternative therapeutic options, clinically relevant and motivating to drive prescribing behaviour.

At the present time, the traditional approach to pharmaceutical brand positioning involves customers essentially reacting to statements developed by the marketing organisation (brand team and advertising agency).

In general, the first step in this process is termed 'pre-positioning' and involves both internal meetings and external primary marketing research. The general purpose here is to gain an in-depth understanding of where a new product fits within the therapeutic arsenal and to start developing the promotional messages that will serve as the basis for positioning concepts. Qualitative research, in which physicians are exposed to a product profile and profiles of key competitors, can help the company gain further clarity around the competitive advantages and disadvantages offered by the product, as well as the language physicians might use in describing/characterising the brand's advantages.

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Using the pre-positioning research as fuel, the team (comprised of the brand managers, advertising agency and marketing research group) typically convenes for a summit meeting 12 to 18 months prior to launch. During this meeting, the team presents and discusses the various clinical attributes and other benefits (emotional, patient-oriented and otherwise), and laboriously crafts six to eight concept statements.

In developing the statements, most pharmaceutical companies use a template that designates certain roles within the statement:

1. 'Target audience' designates the customer groups addressed in the statement.
2. 'Frame of reference' describes the aspirational placement of the product within treatment (eg, first-line).
3. The 'benefits' statement — usually delineates the main clinical advantages that a product offers to customers.
4. Often, companies will include a sentinel 'reason to believe' that substantiates the main benefits.

Other aspects of this statement may include a 'problem statement', which characterises the unmet need in the marketplace, and/or the 'patient end benefit', which discusses how patients will benefit — either physically or emotionally — from using the brand in question. Brand teams typically strive to develop five to six statements that are truly differentiated from one another and that define the spectrum of potential places the brand potentially could occupy in relation to its current and future competitors.

These concept statements generally are tested through successive rounds of primary marketing research to ascertain which one(s) resonate with physicians. Specific parameters assessed during such research include credibility, clinical relevance and motivational value. During this research, 'iterative' improvements may be made to the statements based upon respondent feedback. The statements that 'win' during the course of this process then are ushered into a quantitative process in which the two or three winning statements are tested to determine which affords the greatest expected future share of the market.

Once the positioning has been determined, the next step is to conduct messaging research to ascertain how to effectively deploy this positioning to the customer audience. Following that are successive rounds of materials testing, black and white visual aid testing, promotional concept testing, logo testing, etc.

While this process of establishing, the positioning has been successfully employed by many companies, there are essential flaws in this approach. Most importantly, it does not mimic the process by which physicians learn and *want to learn* about a new medication. By presenting the customer with statements that are agglomerations of marketing speak, clinical speak and emotional benefits, with a heavy dash of aspiration, customers often reject an entirely reasonable statement outright because of one weak link. Additionally, when one puts such a statement in front of a doctor, just by virtue of its being a sort of 'idea salad', he or she often misses the forest for the trees.

Physicians' orientation as scientists, which is often more evident among specialists then generalists, often forces them to look at the specifics within a statement and therefore miss the overall point. They often overlook powerful and compelling concepts because they get caught up in the specifics.

Brand teams often are frustrated to see their hard work dashed to the ground by a critical physician respondent just because one facet is not seen as credible. Importantly, though, if there is a weak link in the statement, a physician will reject it

all or find all the surrounding ideas to be less credible as a result of one particular flaw. Additionally, customers tend to reject aspirational statements outright because they may represent a future reality that is either inconceivable or not credible under present circumstances.

It has been found that brand teams often end the process (due to running out of time, money and/or patience) before they are truly finished and before the optimal positioning statement is established. Also, while this process has been operative for years, the question is whether it is truly customer driven. Therefore, it could be submitted that it is driven by the company not the customer.

THE NEXT GENERATION APPROACH TO POSITIONING: (CDP)

CDP takes a slightly different approach. Instead of the brand team constructing full statements for physicians to critique, the CDP approach takes a similar 'bottom up' design to GfK V2's *Information Architecture* process in which the marketing organisation provides customers with the elements or 'building blocks'. Then, through a systematic methodology (see Figure 1), customers actually build the positioning statement themselves. As the authors show, this process mimics the process by which customers (physicians especially) learn and, more importantly, permit the exploration and assessment of truly 'aspirational' claims. And this methodology is not a dramatic departure from the manner in which companies are currently crafting their positioning statements.

Similar to current approaches, the first step in this process involves pre-positioning research aimed at establishing the key elements that advantageously distinguish the brand from its competitors. This research essentially will involve exposing physicians to the product profile and garnering their feedback on its key competitive advantages and drawbacks, as well as how it will be used within their therapeutic arsenal. During this research stage, the building blocks of the positioning process that will then form the basis of the CDP exercise are developed.

The next step in the process is for the brand team to engage in an extensive 'sit and think' brainstorming roundtable session. In convening this meeting, it is critical to re-emphasise an important theoretical aspect of positioning. Positioning is a function that the brand team performs — in this respect, the team needs to lead customers' thinking. In positioning new products, it may involve radically shifting the landscape of treatment within a specific disease area. It should be aspirational in the sense that it should venture into territory of what a

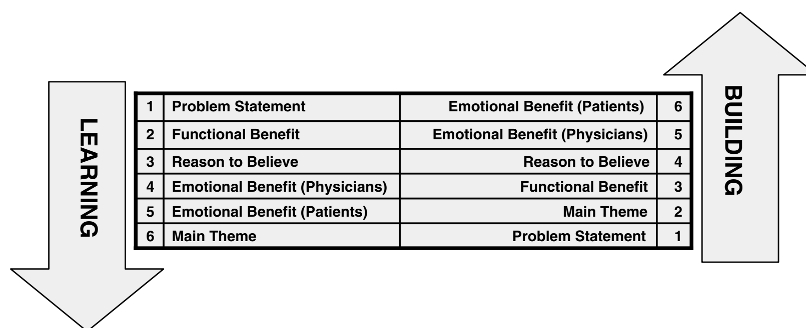

Figure 1: CDP methodology. A schematic of the sequence in which physicians are exposed to the various elements of the positioning statement as well as the order in which they build their own statement

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product could be, and not necessarily what it should be. Importantly, however, positioning is not about what a customer likes or dislikes, it is about what will be persuasive to take a desired course of action.

The positioning statement is an internal and ideally enduring statement of purpose that stands as a beacon and organising principle for all subsequent promotional development activities (ie, messaging, marketing materials development, etc).

Contrary to the standard process used by companies that generates fully formed positioning statements, the goal of this second step is to generate key message elements falling within each the following rubrics:

- *Problem statements*: Optional components to the positioning statement include the problem statement, which articulates a specific unmet need in the marketplace that is being met by the brand in question, (optional) and/or
- *Functional benefits*: The essential clinical properties of a medication that intrinsically differentiate it from other medications.
- *Reason to believe*: A reference to some scientific or mechanistic aspect of the brand that substantiates its main clinical benefits (optional).
- *Emotional benefits*: Emotions that customers may derive from using the brand in question (eg, 'confidence,' 'trust' and/or 'reassurance').
- *Main themes*: The truly unique and aspirational advantage offered by the product in question.

During this session, the brand team is challenged to generate anywhere from five to 10 top elements within each rubric. These elements are essentially statements that contain one idea about the product (eg, 'Product X is 20 per cent more effective than Product Y'), as opposed to multiple ideas within a single statement. In addition, during the session, it is important for the team to generate as many as five or more hypotheses as to what they envision the positioning statement for the brand will be. This is done as a way to benchmark where the team thinks the brand can be and is an excellent approach to determine how close the team's thinking is to the statements that respondents eventually develop in the scope of the next facet of the process.

As with the traditional mode of positioning statement development, the next step in the process involves primary marketing research involving one-on-one individual depth interviews (IDIs) with physicians. During these interviews, study respondents are asked to first review a product profile and then to verbally articulate the unique position of the brand in the marketplace. Next, respondents are asked to evaluate and rank the elements in each heading based upon how compelling they are to prescribe the medication preferentially over other options. It is critical to first expose respondents to the functional benefits before the emotional benefits and the main theme, since the functional benefits *are really what physicians want to know about this brand first*. In this respect, this process mimics the way in which physicians want to learn about new products.

After their need to learn and select among the functional benefits is satisfied, they are next exposed to the emotional benefits. Importantly, when respondents — particularly physicians — hear the term 'emotional benefits' they often think of *Gone With the Wind*. It is important for the interviewer to note that emotional benefits may include very reasonable and attainable emotions for a professional such as 'confidence,' 'reassurance' and 'trust.' Again, because the respondent has been able to see the functional benefits first, he or she will permit the discussion of emotional benefits.

Next, the respondent is exposed to the main themes, which may be aspirational in nature. Again, since this has been a learning process (first functional benefits,

then emotional benefits, etc), customers are more permissive in evaluating truly aspirational claims. They have been led along a learning pathway that has allowed them to be taken more conceptually toward what the company wants them to think about the products.

Please note that by viewing the functional (ie, clinical) benefits and reasons to believe first, physicians are exposed to the parts of the product **in which they are most interested**. Therefore, once they see the emotional benefits and main themes (which is where the 'aspirational' aspect of the brand is communicated), they tend to exhibit more of an understanding and 'buy in' to them. In a sense, this is the component of the process that truly preserves the positioning equity of the brand.

Once the physician has selected the top functional benefits, emotional benefits, reasons to believe and main themes, she/he is challenged to compose a logical and persuasive message using one element from each bucket. After she/he has constructed this message, the respondent is then exposed to one or more statements created by the brand team to, more than anything, challenge the physician to 'defend' his or her selection of message elements. While physicians tend to prefer their own statement over those developed by the brand team, often seeing someone else's idea will cause them to explain more rigorously why they selected the elements that they did and/or cause them to re-think the elements they suggested.

The output of this process is a recommendation regarding the optimal combination of elements that comprise the positioning statement.

NEXT STEPS IN THE CDP PROCESS

Once the positioning statement has been established, the next step in the process typically is messaging. Here, the authors recommend a similar process called Information Architecture (IA), which they have characterised in an earlier paper. The positioning statement that results from CDP would be used as the basis for guiding physicians through the IA process.

Essentially, the product of CDP is the implicit idea that the company wants physicians to believe and to subscribe to, while the IA process focuses on developing the story that can be used to deploy this positioning directly to the market. CDP is about the big idea behind the curtain, while IA translates that idea into a form that is presented in front of the curtain. The message backbone fostered through IA then becomes the basis for promotional materials development, including visual imagery, visual aid flow, etc.

CONCLUSIONS

As it has been shown in this paper, current marketing research techniques used in supporting the development of the positioning statement may be flawed in that concept statements may be rejected due to a weak link. Rather than rely solely on the brand team to construct the positioning statement, a technique such as CDP can be harnessed so that customers actually compose and design the positioning statement in a bottom-up fashion using a sequence of exposure to elements that mimics the way they want to learn about new products.

Through this 'learning then building' approach, respondents may see for themselves the true benefits of a product and through the process, ultimately reach a higher 'aspirational' ground in positioning new products. The product of CDP — the positioning recommendation — can serve as the basis for subsequent message and promotional materials development.

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