

# Moments of Truth

An interview with Katja Birke, Managing Director Healthcare Research at Produkt + Markt

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Katja Birke is the head of the healthcare research department at the marketing research institute Produkt + Markt in Wallenhorst, where she specialises in surveys on prescription drugs. “Pharma Relations” spoke with her about the latest trends and issues in Rx market research, furthermore addressing a speciality of the company’s service portfolio: structural constellations as a method of research.

**Ms Birke, you specialise in market research on prescription drugs. Is there anything like a typical question that is currently on your customers’ minds?**

There isn’t anything like that one typical question, but over the course of the past few years we were able to see a noticeable increase in the demand for qualitative studies. Often, our clients wish to take a closer look, they want to find out what really moves physicians, or what kind of issues promote or prevent behaviour desirable from the respective company’s point of view.

**By “desirable behaviour”, do you mean the prescription of a certain product?**

It doesn’t always have to be about the prescribing behaviour, but this often certainly is a central issue. We actually have conducted an increasing number of customer experience surveys at Produkt + Markt last year. In those we examine decision processes very closely and investigate the different touch points where doctors come in contact with the industry.

If we stick to the topic of prescriptions, for example: We closely look at each step that happens in the heads of the doctors while they prescribe a product. Most of the time this is a subconscious process when the doctors need to choose from several equivalent products. By interviewing the doctors, we shed a light on these subconscious processes. This enables the respondents to verbalise the steps of the respective processes, which in turn allows us, or respectively our client, to draw the right conclusions.

## **How does the topic multichannel affect your work?**

There are projects where we first of all compile all touch points before closely looking at each one individually. Then we describe how the doctors perceive and experience the complete process – from the first time the industry approached them, or from the moment they became aware of the product up to the last moment of the contact. Is the doctor satisfied with the process or maybe even thrilled? Or has there been something that wasn't quite right, for example in the communication with a service department, a hotline, or a sales representative? There are many different paths that may be uncovered by asking respective questions.

The term „customer satisfaction“ might be already a little worn, but we actually take a deep dive into this issue. We examine the various channels and processes meticulously; does the doctor turn to a hotline because he has a question, is he invited to a convention, or is he requesting information to use in a presentation? There are many different reasons for doctors to get in touch with the industry and vice versa. Each cause leads to interaction, and we examine closely how this interaction takes place.

Ultimately, it is always about the experiences with these touch points. Have there been any moments within the process that the doctor perceived as particularly positive or negative? We call those incidents moments of truth. These are the moments when doctors voice reactions about the contact to the manufacturer along the lines of “I would have expected this to be different”, “I am disappointed”, or “This is taking way too long”. During the interview we draw the doctor's attention to those incidents, and together we work out the so-called “pain points”. These are the things that have particularly “pained” the doctor or have triggered negative feelings in him. Those pain points are exactly the rusty screws our client should adjust, because of course he does not want the doctor to feel negatively affected by that interaction in any way.

## **The industry has realised that it is necessary to provide their customers not just with medications, but also with services “beyond the bill”. Ms Birke, how does this issue affect your work?**

We certainly also often deal with such services. Even in those cases customer experience surveys present a suitable method to ascertain where and whether there are still needs. After all, the companies' goal is to offer doctors something that distinguishes them from their competitors on the one hand, and that lets doctors feel particularly well supported on the other. The manufacturers are looking for novel solutions that present doctors with a true benefit; in other words solutions that obtain a high level of acceptance among doctors, their medical staff, and, of course, their patients. This is what our work is all about: identifying such unmet needs, speaking to

doctors or other relevant stakeholders about them, and in those conversations, developing something that could be the next step to support doctors and patients.

### **What other topics are important in Rx market research?**

In the past, doctors were often perceived as a more or less homogeneous target group. This has changed significantly: While some of them mainly inform themselves through scholarly journals and the field service, others have already fully hopped on the digital bandwagon. Today, if the industry wants to get in touch with the doctors, get key messages across and thus initiate a certain kind of behaviour, they must specifically tailor their approaches to their targets. This takes us back to the subject of multichannel, or in other words, which messages should I spread over which channel? But this also leads us to the typology of doctors. And this is not just about knowing which channel they use to gather information, but also about what kind of doctor we deal with: How does he see himself and how does he see his patients? Does he see himself rather as an authority or a service provider? We investigate these kind of questions particularly when a manufacturer enters uncharted territory, so for example if he wants to establish himself in a new indication area. In that case, ideally, we as market researchers are already on board at an early stage, in order to help the manufacturer understand this new market: How do doctors approach this therapeutic area? What are the typical behaviours and approaches? How do diagnostics take place?

### **Surely the manufacturer's image also plays into whether a doctor will or won't prescribe a certain product.**

That's true, and the industry is very aware of that. At least we do see an increase in image surveys. The manufacturers want to know how they are actually perceived by their target group. After all, the companies do not only have to create benefits for doctors, because the latter also place increasing emphasis on a fair collaboration based on partnership. The manufacturers invest a lot in marketing and communications; of course they want to know how the doctors perceive their efforts.

### **At Produkt + Markt, you also use a method called structural constellations, which I had prior only heard of in relation to systemic therapy – namely family constellations. Could you please describe how such constellations work in a pharmaceutical context?**

In contrast to traditional group discussions the doctors do not sit at a table. Instead, they stand up and are freely positioned in the room. It is crucial for the doctors to let go of their rationale and to follow their feelings and intuition exclusively. During this process, we analyse so-called "transverbal language", which encompasses verbal and nonverbal language – gestures and facial expressions – as well as the spatial

arrangement of the positioned participants in the room in relation to each other. We call our participants representatives.

The representatives, so in our case the doctors, are assigned certain identities. For example, they could represent different products, but also a brand, a company, or really whatever appears to be relevant in that matter. Guided by their intuition, the representatives firstly position themselves spontaneously in the room. Therefore different products might be standing close to each other, for example, because their representatives perceive them to be similar. This way we receive a first image. Secondly, the facilitator repositions individual representatives before observing and scrutinising how this movement affects the participants' perception. Continuing in this way, many different images are created which are characterised by gestures and facial expressions as well as approaching or diverging from one another. All of these images may be analysed and interpreted.

The great thing about it is that a structural constellation even works when participants have not yet been in contact with or know nothing about the brand in question. I have to admit, this might sound a bit strange, but it works because the system in itself is working, at least in the way it forms itself.

### **What kind of knowledge does the facilitator need?**

The facilitator has a crucial role in this. He needs to be an expert on working with constellations, because his interventions control the whole system. He tries different things, sometimes he provides the system with new input or asks representatives to leave the system. In order for his interventions to make sense, the facilitator has to be very well acquainted with the pharmaceutical industry as well as the subject matter of the study. Additionally, he has preferably already been involved in other studies, which should allow him to have some hypotheses on his mind, and also to be able to correctly interpret the images and the transverbal language.

Structural constellations present many different possibilities and it never is just a single image. There is an initial constellation image, and then the facilitator starts his interventions. This constellation round is not over until all representatives feel well the way they are standing and until there aren't any possible solutions left that might feel better.

The language that emerges from the images as well as the language "spoken" during the constellation work needs to be translated – preferably in a way that later allows our client to understand what he needs to do and how to solve his problem. Hence we are able to derive quite specific recommendations for action from our analysis.

## **In your opinion, what are the advantages of this method compared to others?**

The main advantage is that the participants turn off their rationale. Constellations reveal many issues that the doctors weren't even aware of, because they show things that the participants usually aren't even able to put into words. Therefore this method is particularly suitable if our client does not know yet what the solution to his problem might look like. For example, a typical situation would be that a new player enters the market. The client would like to find out how this might affect the current system, and how one may best support one's own brand in this new situation. Another issue could concern latent barriers that no one has yet quite understood on a rational level. The constellation may help to uncover what stands between the brand and the doctor and ultimately keeps him from prescribing the product.

## **You just said yourself that this method might seem strange to people who have not dealt with it before. So how do your clients from the pharmaceutical industry react when you suggest a structural constellation?**

Despite this method being still quite new in the pharmaceutical industry, we do have a couple of clients who have already fully realised its benefits. They conduct constellations on a regular basis because they want to understand what they need to do next or in which direction they should think. However, structural constellations are not the kind of method that you apply with a brand every six months. It is rather something you do to get a basic understanding of possible new ways and solutions if the rationale and traditional market research have hit a wall.

By the way, the clients actually play a very important role in structural constellations. During the positioning, the clients join us in the observation room. Time after time we witness how everything goes dead silent, how the clients are virtually glued to the windowpane and basically feel the same way as the representatives in the constellation. The clients are part of the system and they also need to tell us if all of the things happening in the constellation feel right to them.

The presence of the clients is also of utmost importance because they enable us to translate a few things from transverbal language back to verbal language. They basically need to help us put certain things into the right context. But this also means that we need to collaborate very closely and frankly with the client in order to ensure a successful structural constellation.