

# Five trends reshaping medical marketing

Like any field, medicine needs great marketing. How will it change after Covid-19?

Writing Giles Lury

**A**s with many debates, arguments about what will happen after the Covid-19 crisis often quickly descend into the binary: everything will change, or nothing will change. It's black or it's white. When it comes to assessing the future of medical marketing there is the same temptation, not least because of the scale of Covid-19's impact on public health and economies globally. Yet the truth probably lies somewhere in the middle, in shades of grey. As has happened in the wake of previous crises, there is likely to be a period where pre-existing trends in the marketplace accelerate.

My research across the medical marketing field points towards five trends which can be discerned in the existing landscape, the effects of which look set to be intensified by coronavirus.

## 1 The medtech revolution

We were already in a medtech revolution, which will continue and accelerate in the wake of Covid-19. Even while researchers rushed to find a vaccine – an essentially old-world medicine –

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medtech has played a major role in monitoring and tracking, both of which have proved to be vital tools in the fight against the virus. They have enabled those countries with more advanced systems, such as Germany, to get back to work sooner.

The medtech revolution, which incorporates artificial intelligence, virtual reality and augmented reality, wearables, the Internet of Things, gaming, in-home diagnosis and telemedicine, is certain to resume as a driving force in medical advancement.

Medicine is a sector that relies on hard science, but its devices and systems only become truly effective when they are bought into, and are used by the right people at the right time. This is something that even the best pieces of technology cannot achieve by themselves. Great medtech marketing is needed.

That will have to combine the rational and the emotional to understand, engage and persuade the hearts and minds of the multiple target groups that must be addressed. While Covid-19 may have increased people's willingness to use teleconferencing and telemedicine, it is likely that people will continue to place greater trust in people than machines.

 **Implication** *Embrace technology but give it a 'human face' and 'human touch'.*

## 2 A more complicated decision-making process

The old world of decisions being made directly ▶



Mintz  
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between doctor and medical supplier is long gone and things will only get more complex.

Decisions are now dependent on a complex combination of governments, drug approval authorities, patients, practitioners, practice heads and procurement managers. Within each of these stakeholder groups there are different segments who need to be understood in ways that go well beyond disease and demographics.

Messaging during the early phases of Covid-19 show the danger of over-simplification. The UK's early messaging was focused on telling the over-70s they were the group most at risk, yet the message fell on many deaf ears. I believe one of the reasons that it failed to convince members of this generation to stay inside was because they see themselves as fit, healthy and active: the advice was perceived to be for 'other people over 70'. As marketers should know, segmentation needs to take account of attitudes, drivers and behaviours, not just demographics.

It will be even more important to identify the respective patient journeys: whether that's to purchase and use a product, or a journey from diagnosis to treatment and hopefully cure.

**Implication** *Not only are there more stakeholders on different journeys, but within*

**A good proposition will need to be so much more than a list of features with a price tag**

*each stakeholder group, there are multiple segments. There needs to be a better understanding of groups of individuals and their key drivers.*

**3 A focus on costs and value**  
Even before the recession that the world is now entering, continuous medical advances and the resulting ability to do more meant that funds were getting squeezed. The consequent focus on value – which may equate in some buyers' minds simply with price – is another trend that will return with renewed vigour.

However, the true meaning of value doesn't simply and exclusively relate to price. It is better defined as a prospective customer's evaluation of the benefits and costs of one product or service when compared with others. The more worth attached to the benefits, and the more unique or distinctive they are, the more value is placed on their delivery – and therefore people will believe that they are worth paying more for and worth choosing over a competitor.

Developing and testing your proposition – your promise – will be key. A good proposition will need to be so much more than a list of features with a price tag. It should tap into the emotional as well as the functional and should be truly compelling to



**Case study: Cialis and Viagra**

When Eli Lilly launched Cialis in 2003 – a safe and effective treatment for erectile dysfunction – it was third to market. The market was dominated by Pfizer's billion-dollar drug Viagra, with Bayer's Levitra second. Taking them on would be no easy task and the danger was that Cialis would have to compete on price alone.

However, the Eli Lilly team searched for something to base a proposition on which would add value. What it identified was that while both Viagra and Levitra have an effective duration of 4-5 hours, Cialis is different: it can be effective for as long as 36 hours.

'Laddering up' this difference, Cialis translated it from a functional product attribute into a more emotionally led benefit. The extended effective duration meant it worked any time of the day or night following taking the pill. There was less time pressure, less need to schedule sex and more opportunity for spontaneity. Cialis could shift the focus from the man, performance and sex, to couples, spontaneity and relationships.

This difference was to become the focus of Cialis marketing, which featured half-washed cars and a washing line with partly pegged-out laundry. The tag-line said Cialis was for daily use, "So you can be ready any time the moment is right."

The campaign was a huge success since it highlighted the benefits, not the features, of the drug.

Cialis went on to overtake Viagra in 2013 in terms of market share, and in 2015 it became brand leader in total sales.

the customer. To paraphrase Marlon Brando's Vito Corleone in *The Godfather*: it should be an offer they can't refuse.

 **Implication** *The need to develop powerful insight-based propositions will be greater than ever.*

## 4 Learning from other categories

Medical innovations have benefited from looking beyond their own world for inspiration. The collaborations that were formed during the Covid-19 crisis to develop new ideas and to do so quickly – like Dyson and TTP developing the CoVent ventilator – will further confirm collaboration's potential.

In areas such as medical support services, healthcare practices, web-enabled offers and services, there is a lot the medical world could 'steal with pride' from other industries, such as telecoms brands, digital platform brands, gaming and entertainment brands, and more traditional fast-moving consumer goods.

There have already been successes, but there will be more to come.

 **Implication** *Look beyond medical conventions to find new ways of creating and running medical products and services.*

## 5 Challenges around the purposes of the big pharma brands

In a world that had seen a rise in consumer activism, there were increasingly loud voices asking questions about the profits made by pharma companies. Many of these companies have stated goals that sound highly worthy, but there was a rising scepticism as to whether they really were delivering on those aspirations.

Post-Covid-19, pharma companies will face an interesting challenge. They may benefit from a halo effect if or when a vaccine is found, as long as worries about over-charging can be avoided. However, there will also be pressure to build a better future, with purposes that are truly put into practice. At the same time there will be a need for companies to deliver growth and profits. The ideal will be a triple win: good for patients, good for people and the planet, and good for profits.

 **Implication** *Brands may need to review their purposes and, depending on their situation, their actions and their communications (internal and external) to support positive growth.*

### A busy agenda

Make no mistake, medical marketers are going to be busy: looking at ways that new technology could transform their business, while remembering that most people trust people more than machines; developing more powerful and emotionally-rich



### Case Study: Aravind eye-care system

India is home to one third of the world's blind population and nearly 200 million Indians need eye-care. In 80% of the cases, blindness is caused by factors that can be corrected. One brand successfully meeting the challenge is Aravind Eye Care System. Its founder, Dr Govindappa Venkataswamy – commonly known as Dr V – was inspired by some unlikely sources: the Big Mac and Toyota's just-in-time supply chain.

It was during a visit to the USA that Dr V thought, "If Coca-Cola can sell billions of sodas and McDonald's can sell billions of burgers, why can't Aravind sell millions of sight-restoring operations?"

He saw how McDonald's made hamburgers available "on the street corners of every town in America, at a price everyone could afford", and wondered if some of the same principles could be applied to eyecare.

Combining it with principles from Toyota's just-in-time production model, the Aravind production line model starts with ensuring a steady flow of patients, using technology to help identify and streamline the flow of patients from its outreach programmes.

There is an 'assembly line' approach to surgery. Each operating room has one surgeon, with a minimum of two and sometimes up to six operating tables, with multiple sets of equipment and nursing teams.

This allows a surgeon to complete one procedure, turn around and start the next surgery on a patient who has been pre-prepared. Doctors can perform 6-8 procedures per hour as opposed to the usual one. The high productivity does not come at the cost of quality: Aravind's care ranks among the very best, with clinical outcomes superior to the average in UK hospitals.

There have been cost benefits, too. The intraocular lens used to treat cataracts or myopia used to cost around US\$100. Having set up its own manufacturing facility, Aravind now makes them for less than \$10.

Aravind Eye Hospital is arguably the most efficient eye-care institution in the world: it perform more eye surgeries in a day than any other hospital, and every patient who pays for eye care subsidizes two who cannot.

**Giles Lury** is a senior director at brand consultancy The Value Engineers. His book of medical marketing stories, *Just what the doctor ordered*, will be published in 2021 by LID Business Media

propositions; segmenting target groups in more sophisticated ways, going beyond demographics; plotting customer and user journeys and the most important touchpoints along the way; and reviewing their company's purposes and practices.

It will be a challenging time. Not everything will change, but nor will we return back to exactly where we were: it will be shades of grey, not black and white.

Leaders in healthcare marketing have the opportunity to add flashes of colour as they do things differently – and better – than before. ♦