

# BEST BEHAVIOR

Two behavioral marketing campaigns illustrate the challenges that come with identifying and deploying insights that resonate with patients

BY PHILLIP PANTUSO

All marketing relies, to some extent, on behavioral insights. Once you're in the business of ascertaining motivation and influencing behavior, you're in the realm of psychology, whether you're trying to get a consumer to buy a Coke or to quit smoking.

But for the past few years, "behavioral marketing" has ranked among the medical marketing world's favorite buzzwords. This is happening because people are generating more measurable data than ever before, which promises more accurate, detailed insights. At the same time, the pop psychology of habit, bias and other cognitive processes has filtered into the mainstream from sources such as TED Talks and Malcolm Gladwell. It's easier than ever to sound smart by peppering conversation or campaigns with scientific jargon.

It's one thing to talk the talk about behavioral marketing, but the strategies and results have often failed to live up to the hype. According to Brian Dunn, chief behavioral officer at Concentric Health Experience, marketers are all too willing to throw around the term without understanding how hard — and expensive — it is to build out the scientific capabilities necessary to do rigorous research and analysis of behavior and psychology.



“It’s bullshit,” Dunn says. “A lot of the people trying to sell this stuff now may not have even touched the scientific literature. Having these disciplines represented is a good way to improve public health, but let’s also be clear about what’s what.”

That said, failure is the mother of success, and medical marketers have refined their messaging over time. “A few years ago, it almost seemed like other agencies were manufacturing a department because they knew clients were gravitating to the behavioral side,” says Will Stewart, a senior account director at MicroMass Communications. “Now when I come across agencies that have a behavioral department, their behaviorists have graduate degrees in public health, psychology and social work.”

Stewart says the industry isn’t yet “all the way there” with behavioral marketing, but it has clearly changed the way agencies operate. Here are two campaigns that successfully used cognitive science techniques to glean behavioral insights and shape messaging and strategy.

**PHARMACYCLICS AND JANSSEN/MICROMASS COMMUNICATIONS, KNOW YOUR CLL**

Chronic lymphocytic leukemia (CLL) is a slow-growing blood cancer that patients can live with for years without knowing they have it. Because it develops slowly and can be asymptomatic in its early stages, initial treatment usually isn’t necessary, which means doctors often classify it as “good,” as far as cancers go.

This isn’t wrong, from a purely clinical perspective. But what a patient usually hears is that they’ve just been diagnosed with cancer and that they should wait, maybe years more, before doing anything. Since CLL specialization remains a rarity, many HCPs don’t know how to adequately address the emotional toll that this watch-and-wait period can take on patients.

Pharmacyclics and Janssen, makers of the B cell cancer treatment drug Imbruvica, engaged MicroMass to re-evaluate the CLL patient experience and come up with a new, more active campaign. The goal: empower patients to more deeply engage in their care and treatment plan.

“Our behavioral analysis confirmed that there is a huge unmet need in the watch-and-wait audience — or in what some patients call the ‘watch-and-worry’ period,” Stewart explains.

At the outset of any project, MicroMass’ behaviorists compile what they call a “behavioral primer,” sifting through decades of scientific literature on a condition to collate specific, actionable insights and building outward. Although CLL is a rare disease, the emotions and behavior of people living with it have been well-documented, according to Kei Alegria-Flores, a behaviorist who worked on the campaign. The team also looked at related fields, such as blood cancer and oral anticancer agents. To supplement this archival research, MicroMass turned to the patients themselves, most of whom are 65-plus males, and interviewed them about their needs.

“The evidence tells us that patients’ reaction to diagnosis and the watch-and-wait period is complex,” Alegria-Flores says. “During this time, patients often struggle with lack of information, anxiety and a perceived loss of autonomy.”

MicroMass’ unbranded Know Your CLL campaign, which launched in June, was designed to address those concerns. Phase one was a relationship marketing campaign with email and print materials, but the primary component was a website,

KnowYourCLL.com, that sought to educate patients on CLL and redefine that anxious waiting period as a watch-and-act one.

To pull that dual purpose off, MicroMass created a custom behavioral approach with three components — acknowledge, communicate, track (ACT) — containing messaging and tools. The agency is planning to launch a social phase of the campaign later this year.

According to Stewart, KnowYour CLL connected because MicroMass was able to show patients something they had never seen before but badly needed. While the methodology seems simple, MicroMass

**KNOW YOUR CLL**



MicroMass’ Know Your CLL campaign addresses patients’ anxiety and lack of information after they get diagnosed with chronic lymphocytic leukemia, a rare disease that is very slow moving.

was only able to surface insights by grounding their research in rigorous behavioral science — and only then letting patient experience inform the materials

It’s a template other agencies can follow. “When we went through this process, it would’ve been easy to make judgments,” Stewart says. “You can pull from so many different experiences and have conscious or unconscious bias, but there’s never a better source than patients themselves.”

**NOVO NORDISK/CONCENTRIC HEALTH EXPERIENCE, SAME WILL, NEW WAY**

People in obesity marketing materials are typically represented as hyper-self-aware individuals wearing workout clothes and exercising alone. The message is clear: With enough discipline and willpower, overweight individuals can exercise more, control their diets and lose weight.

Dunn says this is an inaccurate and

unfair view. “Weight management is not a function of some single character trait that’s unmovable, but people think that way,” he explains. “Physicians, too.”

This fundamental attribution error is at the root of the complex environment of misinformation, stigma and bias in which many people who struggle with obesity reside. According to the CDC, obesity affects nearly 40% of U.S. adults. The prevalence of the condition and the stigma around it mean it is not often seen as chronic, even though it’s linked to serious conditions such as heart disease and type 2 diabetes.

Executives at Novo Nordisk knew that this amounted to a behavioral problem; what they needed was marketing to address it. To that end, Concentric put together Same Will, New Way, a de-biasing campaign for Saxenda, a prescription injection that helps obese patients keep weight off.

“The notion that you need some fundamental character or logic transformation to lose weight is really damaging,” Dunn says. “The campaign goes right after that to say and show that it just doesn’t work that way. It’s bad psychology, it’s

**Concentric Health Experience’s Same Will, New Way campaign for Novo Nordisk’s weight loss injection Saxenda included videos that portrayed patients empathetically.**

not empirically true and it has all these negative consequences for public health.”

Concentric identified the attribution error and patient/HCP misalignment early in its research, and took an omnichannel approach to reach both parties. Patients saw videos and ads that portrayed them empathetically: disciplined, engaged and active, but also helping others, living their lives and dealing with weight gain/loss as a cycle. HCPs were targeted with a nonpersonal multichannel mix that sought to better align them to patients’ needs.

Dunn notes the agency tapped into scientific literature and researchers on staff for psychological insights, but also applied cutting-edge vision and attention neuroscience to tune and deploy the materials. Techniques such as saccadic eye movement tracking and machine-learning models informed by computational linguistics helped Concentric compile a set of correlates and predictors for patient behavior that were psychographic and demographic.

“Even if the idea is chock full of behavioral insights, it’s only as good as the additional executions, which also should have an empirical basis,” Dunn explains.

He credits the campaign’s success to Concentric having resources and time to listen to and analyze patients in a way that HCPs cannot, plus the right approach. “The best results come when we drop suppositions, use model-free statistics, and let the data speak for themselves,” he continues. “People engage in uninformed psychological explanations all the time. That has to be carefully undone as a habit for marketers. We need to use the best methods possible in part because we know we don’t know.” ■

