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PharmaVOICE

THE FORUM FOR THE INDUSTRY EXECUTIVE

BRAND CHAMPIONS

Delivering the promise

INTEGRATING GENOMICS

with Alan Guttmacher

PATIENT Recruitment

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An emotional connection

A product lives on a shelf. A brand lives in the mind of the consumer. The challenge, according to industry experts, is making an emotional connection between the two. A brand goes beyond the rational; a brand is the promise the product offers the customer or stakeholder, whether that customer is a physician, a healthcare provider, a consumer, or a company's employees.

According to Ken DeLor, president of the DeLor Group, one of the biggest challenges of successful branding in the pharmaceutical industry is breaking away from the concept that branding is trade advertising. He says branding is building an icon, building a symbol or identity, building everything that touches a brand for the long-term value for a pharmaceutical product and the manufacturer. Ultimately, he says, branding is about communicating visually and strategically, not only for one product, but connecting one product to the other products in a therapeutic class of drugs that the company has in its portfolio.

According to all of the industry experts interviewed for this month's Forum, the communication of that brand's promise must be consistent, and this is where most communications breakdown.

"The biggest problem in branding is the lack of consistency, and this manifests itself in a number of different ways," says Vince Parry, president of Y. "The No. 1 obstacle standing in the way of successful branding isn't necessarily what the competition is doing, or how much money is being spent, but the lack of internal consensus."

These experts say it is vital to carry the brand message consistently through all media to all customers because a brand gets manifested in many different ways, not just in print. A brand can be manifested by how someone in a company's call center answers a telephone inquiry, by how the salesforce interacts with physicians, even by how managed-care strategies are developed.

"A pharmaceutical company fosters an impression of a brand in the way it does business on behalf of that product with other organizations," Mr. Parry says. "Branding is consistently fostering a unified idea across the board in everybody's mind, but this is not necessarily done just by releasing the same materials with the same images."

Vince Parry

In healthcare, we tend to think that the brand is owned by the marketing team, when really the brand is owned by the customer.

Successful branding is building trust with the customer. This trust is built because the product delivers the same consistent performance, and consistency means living up to that promise.

"Where we often fall short in our industry is in the blueprint as we move forward in creative development," says Dave Chapman, president, Thomas Ferguson Associates. "What is the brands' promise to the consumer? We struggle to get those words correct."

For Stephen Wray, president and CEO of Bates Healthworld, the promise of a brand has to combine the scientific values of a product with the values that are held by the physician customer or consumer.

In essence, a brand's promise, its emotional connection to all customers and stakeholders, is its value proposition — the brand's functional, emotional, and self-expressive benefits.

Taren Grom
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BY TAREN GROM

TOO OFTEN **BRANDING IS MISTAKEN FOR AN ADVERTISING CAMPAIGN**, WHEN IN REALITY BRANDING SHOULD BE VIEWED AS **CREATING A LASTING BOND WITH CUSTOMERS**. A PHARMACEUTICAL BRAND IS MORE THAN A TYPE FACE, A COLOR, OR EVEN AN ICON — **A BRAND IS THE EMOTIONAL AND RATIONAL PROMISE** THAT A PRODUCT HOLDS FOR ALL STAKEHOLDERS. BY **DELIVERING, OVER TIME**, ACROSS **ALL MEDIA**, A **CONSISTENT** MESSAGE, PHARMACEUTICAL COMPANIES AND THEIR PARTNERS **CAN ENSURE BRAND-BUILDING SUCCESS**.

Living the BRAND

Vince Parry

The role of the BRAND CHAMPION is being played by branding companies, advertising agencies, by the companies that are in charge of producing materials and giving strategic advice to pharmaceutical companies. There are few companies that have a brand champion.

The BRAND promise

PARRY. In healthcare, we tend to think that the brand is owned by the marketing team, when really the brand is owned by the customer. The customer owns the idea of what the brand is in his/her mind. By relying solely on promoting the exact same graphic symbols and graphic identity standards to different audiences, healthcare marketers and product managers believe they have created the same brand image in everyone's mind. But that's not the case. The brand gets manifested in many different ways, not just in print. A brand identity gets manifested in non-visual ways as well — by how people answer a telephone inquiry, by how the salesforce interacts, and by how the managed-care strategies are developed. A pharmaceutical company fosters an impression of a brand in the way it does business on behalf of that product with other organizations. Branding is consistently fostering a unified idea across the board in everybody's mind, but this is not necessarily done just by releasing the same materials with the same images.

CHAPMAN. A brand is something that you rely on, you trust — because it delivers the same consistent performance. A brand can't be built unless it has consistency; consistency means living up to a promise. In fact, where we often fall short in our industry is in the blueprint as we move forward in creative development. What is the brand's promise to the customer? We struggle to get those words correct. People talk about positioning as that place in the brain that the product occupies. But when a brand is put on that positioning, it's the experience that the product delivers. What is the promise that the product provides? A brand is a combination of consistency, promise, and delivery of that expectation.

STERN. A couple of years ago, one of our ad agencies said something striking, and I think it's a great correlation — a product lives on a shelf, a brand lives in the mind. To us a brand has an emotional attachment to the customer — there has to be a unique selling proposition, an emotional sell. Whereas, with a product there is no such distinction. In September, we changed the titles of our product managers to that of brand managers. This speaks to this philosophy; we really want our product managers to always be thinking about building brands — all the way through the process. We want our internal people within the company also to be thinking about brands. We have brands and we have products. The distinction is that our products are no longer promoted. To someone in the call center or someone on the manufacturing line they are all the same. This is one of the internal distinctions that we are striving to make. We want our customers to be aware that our brands are our priority, as opposed to just being another product.

PROUNIS. Branding is the synthesis of three core elements — it is the associations that customers hold in their mind of the brand. The three key elements are: the functional benefits of a product — What does it do? Is the drug efficacious? Is it tolerable? Is it safe? The emotional benefits — How does it make me feel? Do I feel safe, proud, strong, etc.? And the self-expressive benefits — What does the product say about me to others?

ZINMAN. A brand can refer to an organization, a product, a service, a person, a symbol, or any combination of elements. The challenge with any single definition is that a brand's value varies by the individual's relationship to it. However, if you take the strength of a brand's presence in how it is perceived in an individual's mind (brand image), and

THE BRAND STEWARDS ...

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you compare it with how the brand source aspires to be perceived (brand identity), a brand can more easily be defined as the common thread — the relationship between the desired expression and the true impression. The most successful brands are the ones that establish the closest relationship through effective communication.

DOS and DON'TS for Building Standout Brands

DO WORK TIRELESSLY FOR CONSISTENT EXECUTION

Standout brands have stewards who keep close watch over the visual and verbal expression of the brand. Consistency in execution is highly valued in organizations like GE, Nike, and Apple. But in the revolving door environment of pharmaceutical brand management, consistency is more difficult. Standout brand teams and their agencies must resist the "let's change it" temptation just because they are tired of the same old thing and want to put their thumbprint on the brand. Remember, customers need frequent exposure to a consistent brand message before any equity can be established.

DO CONSIDER ALL CUSTOMERS — INTERNAL AND EXTERNAL

There are several audiences, not just the consumer and the physician, that are critical to a brand's success. In corporate branding initiatives, senior management and employees are critical internal audiences that can make or break a branding program. In pharma product branding, it's the salesforce that sometimes is left out and, as a result, does not fully embrace the brand. The brand promise must be "spun" to be relevant and specific to each key internal and external audience.

DO SPEND THE TIME TO UNCOVER YOUR PRODUCT OR COMPANY'S TRUE PROMISE

A brand promise is more than a recitation of a product's functional features and benefits (proven efficacy, once-a-day dosing, well-tolerated). It must also get at the brand's emotional hot buttons … those aspects of the brand that make a customer want to relate to your product or company. A great brand interacts with the customer on a rational, emotional, and functional basis. In combination, this is what makes a brand distinct and stand out from its competition.

DON'T MISTAKE A LOGO FOR BRAND IDENTITY

Often in pharmaceutical branding, the logo is considered the identity and is relegated to an afterthought found in the lower right-hand corner of an ad. A logo is but one important element of brand identity. True, brand identity is the thoughtful translation of your brand positioning and your brand personality. Brand identity elements such as the logo, name, color, typography, tag line, arrangement, and imagery style should all work together to create a brand identity that elicits predictable customer responses.

DON'T CONFUSE BRANDING WITH ADVERTISING

Your customers interact with your brand in many ways, not just while reading a medical journal or consumer magazine. They come into contact with your brand in the sample closet, through patient education, while watching the nightly news, at conferences, and when the sales representative walks in the door. A brand must, therefore, put forward a consistent, coordinated message and visual expression at every point of contact.

DON'T EXPECT MIRACLES IN 90 DAYS

Standout brands are in it for the long haul. Undertaking a brand program, particularly a corporate brand identity program, is a long-term investment. It takes time to establish a brand's worth in customers' minds. It takes commitment from management to recognize it when facing pressure for short-term economic returns. For product brands, the investing starts by "doing the dos" — uncovering your brand promise, considering all audiences, and expressing the brand uniquely and consistently. Choosing the right branding partner is also an investment in the brand. Find one that shares your vision, understands branding and identity, and knows how to transform products into standout brands.

Source: Ken DeLor, president of The DeLor Group, a brand identity consultancy located in Louisville, Ky.

DELOR. Within the pharmaceutical industry, what most people think of as branding is trade advertising. But we think of branding as building an icon, building on a symbol or identity that ultimately represents the long-term value of a brand, or the long-term value of a therapeutic class, or the long-term value of a corporation. This is more than creating an ad, it's building everything that touches a brand. Historically, a brand, from the pharmaceutical industry trade standpoint, has been about building a product identity, creating a series of ads and logos, and when that product goes away, so does the reputation for that expertise. What we are trying to impress on clients is the need to tie all of a company's products — visually and strategically — to its leadership in a therapeutic category or categories. By devising a visual connection that's similar there's a family resemblance to all of a company's products within a franchise. Branding is about communicating visually and strategically, not only for one product, but connecting one product to the other products in a therapeutic class of drugs and ultimately to the corporation.

PARRY. Class branding increasingly is becoming an effective marketing tool. If a company is going to go to the trouble of developing a new chemical pathway, then it should think about it and name it. The question then becomes: How to name it? Is it named on its chemical description? Or is it named by the benefit it delivers? The cox-2 class did a tremendous job of devising the name and the scientific icon of the cox-2 pathway. The terminology — cox-2 inhibitor — and the scientific wishbone icon were put into all of the papers and all of the trials for these new products. While the FDA did not grant a new class status to cox-2 inhibitors, the entire medical community truly views these products as a distinct and unique class, because effective branding started in the clinical-development stage.

WRAY. For consumer package products, a brand represents a combination of those elements that are practical or physical about the product, combined with those perceptions that are more emotional or intellectual. From the standpoint of a pharmaceutical product, however, we are talking about attributes that are more scientifically based, combined with perceptions that are based upon value-oriented decision making. Pharmaceutical branding is about combining the scientific value of a product with the practice-related values that are held by the physician customer or needs-related values of the consumer.

CHAPMAN. The brand promise has to be the same whether we are talking about direct-to-consumer or professional promotion. The difference is that one, DTC, is achieved through the emotional end benefit and the other, the professional, needs to be achieved by providing the scientific and clinical rationale. But in the end, the promise has to be the same.

MILLER. A brand to us is the emotional and rational connection that a customer has to a product. If a customer just knows the clinical aspects, it is not really a brand, it is just a molecule. A product starts to become a brand when the customer has an emotional attachment. For us, the most important thing about a brand is not that the customer recognizes a branding hallmark *per se,* that's good for awareness, but that the customer makes a connection with the brand promise.

Gina Ashe

Patients care about what the brand is, because they view direct-to-consumer advertising as a source of information.

WE WORK TO BUILD THE RELATIONSHIP BETWEEN THE PHYSICIAN AND THE PATIENT AROUND THAT BRAND.

COBB. To us, a brand is much more than the product and its features. Manufacturers make products, but customers buy brands. A brand goes beyond the rational, it is an emotional connection with the customer. While product positioning is that unique place where a product exists in a customer's mind, branding goes beyond that in terms of its promise and creating an emotional connection to the customer or stakeholder — it is truly what is meaningful to the customer.

ZINMAN. A brand's promise is its value proposition. That comes down to what the brand's functional, emotional, and self-expressive benefits are. That's what provides value to the customer.

MILLER. It is important to identify the core clinical features of a product — those then lead to clinical benefits, to emotional-end benefits, and ultimately that gets to the brand promise. This exercise has to go beyond identifying the common features, for example once-a-day dosing. These are features that brand managers like to talk about and doctors

Stephen Wray

IT IS CRITICAL THAT THE BRANDING PROCESS HAS ITS GENESIS VERY EARLY IN THE DRUG-DEVELOPMENT CYCLE and is maintained in parallel to drug approval-related activities.

like to hook on to because they are easy. But it's hard for a customer — physician or consumer — to develop an emotional attachment to "once-a-day" dosing. When the product is taken as a whole and the bundle of features — not just the clinical benefits, but the emotional-end benefits that the product confers — are combined we can start to communicate the brand's promise. There should be a real ability to connect with customers because medicines are so important to a person's quality of life and overall health and well-being. In some ways it should be easier to execute an emotional brand promise for a medication than for a soap.

Building the BRAND

PARRY. The biggest problem in branding is the lack of consistency, and this manifests itself in a number of different ways. There is a lack of consistency within a company itself. I often find the No. 1 obstacle standing in the way of successful branding isn't necessarily what the competition is doing, or how much money is being spent, but the lack of internal consensus. The marketing team will envision the brand as standing for one thing. The salesforce will be selling it a different way. The convention booth will have yet another take on it. Another issue is that the pharmaceutical industry mistakes sameness for consistency. Even though the same execution is used over and over again, the values of the brand itself are not consistently manifested. For example, if a brand stands for simplicity there may be a nice simple logo design using simple primary colors. But if the salesforce walks in and delivers a message with a 24-page sales aid, that's not simplicity, that's complexity, resulting in a disconnect with the brand's identity.

STERN. It is critical to establish a brand and to be able to drive the brand, not just externally, but internally. This is very important. People in the company need to understand what the brand is, and what the message is, and how the brand helps patients. A lot of this is done through internal communications, we are letting our employees know about new brands and what the advantages are. It's important for employees to feel pride in the organization that they work for, and as a company has more products that are in the public eye, employees need to know what these brands are. We've done some internal pieces to let employees know about new products, what they represent, their marketing and advertising campaigns, etc. This is particularly important for us now, as we have our first product that is being promoted direct to consumer. Because it's going to be in the public eye, we felt this was an opportunity to include our employees in the communications.

CHAPMAN. There needs to be a unified vision of what the brand promise is to the customer. That vision has to infuse the product management, salesforce, agency, etc. If everyone really believes that a brand offers relief, for example, then this automatically helps align the communication and makes things very clear as to what is appropriate and what is not appropriate. Furthermore, this helps project what stays within the brand character, what furthers it, and what subverts the brand character.

CUNNINGHAM. The biggest challenge is communication. What is said and what is heard often are different things. Messages have to be delivered and re-delivered at the same consistent level so that people get an opportunity to understand the brand. It is vital to carry the brand message consistently through all media. In the pharmaceutical industry, we are pretty effective at getting the message to the physician through detail pieces and literature, and maintaining that parallel information in print ads and in the ancillary collateral, such as samples. What we still are learning to be consistent with is bridging that same message to other customers — the patients. We now have tools to give patients that they can carry with them throughout the course of therapy so that they have a consistent reminder of the branding message. But, the message has to be consistent to everyone, and consistent over time.

MILLER. People certainly have bought into the concept of branding hallmarks, that is step one, that was the easy part. Now, as an industry we are at the stage where we need to get to the next level — the campaign. This takes a lot of work. People often resort to a default measure, so the campaign becomes a blown-up icon. Either they didn't understand what

they could have gotten out of their agency — in terms of having an ad campaign that creates an emotional connection and begins to explain what the icon is, and creating equity — or somebody gave up too easily. Instead of making an emotional connection, they blow up the icon and go for awareness. I'm hoping in five years time we won't see giant logo ads and call that branding.

DELOR. Building brands is complicated. And the executional part is the part that most often fails. People have all the theory, yet very few campaigns can be distinguished from each other. Most have the same formula — headline at the top, logo at the right-hand corner, type is all over the page, colors don't matter. Go from ad to ad, they all look the same. If the ultimate difference for a product — something that separates one product from the other two or three in the class — is not visually created through a personality the brand is lost.

STERN. The agencies help us a lot. It's important for us to do market research. We look for strong positions, we look for market needs. Then it comes down to the creative process, and taking information — both the benefits we have from a branding standpoint and looking at the needs of the marketplace — and really creating an emotional selling proposition.

COBB. Developing and creating a brand requires a commitment and disciplined approach. People tend to have more of a short-term versus a long-term perspective. As an industry we tend to look at the obvious features of a product; perhaps at how these translate to a customer benefit, but usually not with the intent of looking at what a product really means to the customer. When creating a brand, our goal is to define a unique difference that's sustainable over the long term. Often, in our business, people focus on the product and its features, but not what these mean to the customer, and we need to do a better job of that. The customer is anybody who actually is involved in the decision process to use or recommend a brand. Therefore, a customer can be the healthcare professional, the managed-care decision maker, and definitely now, patients and consumers.

CUNNINGHAM. Companies and agencies are very effective at developing and promoting and delivering the ethical message to the physician. We had that down pat; then came the ability to do direct-to-consumer advertising. We didn't have a vast brain trust to go from ethical to DTC advertising. Consequently we had DTC people developing advertising for ethical products, and there were a lot of lessons to be learned. We are just now beginning to understand what the consistent message can be, and what the message has to be for consumers.

DELOR. We were hired by a client a couple of years ago initially to look at materials that it had identified as being inconsistent — the doctor materials didn't look much like the direct-to-consumer materials, etc. No surprise, since the client had a healthcare professional agency doing one ad, and a direct-to-consumer agency doing the other — and the two didn't talk. The only thing that was consistent was the logo. The message that was being delivered to the patient was not the message that ultimately moved the doctor to prescribe the drug. It really comes down to messaging first, and understanding what each audience needs, and then building a visual foundation that reflects each of the unique needs, but within the family of products. Ultimately, we connected those dots for the client and built a system that responded to what the doctor needed and one that wasn't in conflict with what the patient wanted. Branding can't happen in silos.

MILLER. Soon we'll begin to talk about moving beyond the concept that the brand is the campaign. The brand is different than the campaign, and people get stuck on that — it's the emotional brand promise that holds it all together. The next challenge that we will have to grapple with, in terms of educating brand managers, is how to evolve the brand and still hold true to the promise. Brands do have to evolve and campaigns do have to evolve. We will have to educate brand managers when something violates what the brand means and when something is an extension of a campaign or an evolution of a campaign.

BRAND early, and consistently

WRAY. It is critical that the branding process has its genesis very early in the drug-development cycle, and is maintained in parallel to drug approval-related activities. If we can start to build a foundation of brand equity in Phase II or (at the least) in Phase III, the chances of establishing in-market brand equity are just

Charlene Prounis

THE REAL OPPORTUNITY IS TO BE ABLE TO TRULY HAVE A PRE-LAUNCH CAMPAIGN EVOLVE INTO THE LAUNCH CAMPAIGN. To make this happen, companies have to push themselves early to think about what the campaign could be.

Mary Cobb

WHEN WE CREATE A BRAND, OUR GOAL IS TO DEFINE A UNNIQUE DIFFERENCE THAT IS SUSTAINABLE OVER THE LONG TERM. Often, in our business, people focus on the product and its features, but not what these mean to the customer, and we need to do a better job of that.

that much better. Unfortunately, this is not routinely practiced. The challenges to both the client and the agency are to establish the capabilities and processes that will bring branding to fruition at this early stage. This includes identifying the core values for key customers, determining where gaps exist within the marketplace, and finding the clear differentiators within the clinical profile as they relate to the market environment. This might require having to look into the crystal ball at an early pre-launch stage, but making these types of early analyses certainly will limit a company's options later on. However, there needs to be consideration of the risk of investment in branding at this early stage, given the realities of the approval process.

PROUNIS. Branding should start several years prior to launch. This is the area in need of the most attention. Two to three years before launch, we are doing market conditioning, medical education, and advocacy development — people are being exposed to the brand, either by messaging or by some form of imagery. What's being done by a medical education company during the years prior to launch often is very different from what happens at launch. Agencies often are engaged a year or so before launch to come with the campaign — the concept, message, colors, look, icon, etc. At this point we know what the data are, based on the Phase III trial being complete, and what the position is going to be. What's often missing though, is the carry over of the early brand imagery, usually done by another company, into the main advertising campaign. The real opportunity is to be able to truly have a pre-launch campaign evolve into the launch campaign. To make this happen, companies have to push themselves early to think about what the campaign could be. This is hard for most people to do, because the Phase III data may not be finished. They are unsure as to what the positioning is going to be, because they haven't tested it with doctors. But we should start to think about what early imagery can be owned, what color pallet can be declared, what type face will used — at least those three key elements then can be evolved into the campaign. It's not easy, because whatever is decided at this stage will be carried forward for a while.

STERN. Typically we don't bring in outside suppliers in Phase II. This is still a fairly early stage, and we don't know what the opportunities are until a compound moves into Phase III and have had a chance to evaluate the clinical data. At Phase III we can evaluate studies and information as to what the compound does and what we think it's going to do.

CHAPMAN. The branding process should start much earlier, so that by the time the brand is in someone's hands its power is that much greater and that much clearer. We also fall short in understanding the implications of pharmaceutical branding and what the future should hold. There's not great planning for what happens at the end of the brand. We have to begin to plan earlier as to how to convert the equity of the brand at the end of the process — patent expiry.

STERN. A brand can have life after patent expiration. That's one of the reasons to establish a brand. Customers can be very loyal to a brand. Establishing brand imagery is one way to slow generic erosion.

PARRY. Packaged goods companies come up with the idea of what a brand should be and then they develop the product. We do the reverse. Pharmaceutical companies, however, are beginning to be very selective as to what types of products they need to develop to fit their marketing goals. Therefore, there is an emerging trend to begin the branding process during the clinical-development stage. It's during this stage that companies are determining what types of patients will participate in the trials, this selection alone begins to build the idea of the brand. For new products that treat diseases in new ways or treat diseases that haven't been treated before, a company is defining a patient population that didn't exist before. By recruiting and shaping the clinical parameters during development, companies are building a brand. They are starting to build the idea of what the brand will own in terms of its promise to customers by making the customers part of that promise.

STERN. A lot of companies are looking at starting the branding process earlier. It's almost

best practice now to have marketing people involved with the R&D team and the Phase II development team, and work with them into Phase III trials to make sure that the clinical trials are aligned with what the market need is. The marketing people are very receptive. The R&D people still are adjusting. But we have to walk a mile in their shoes — they don't want to be dictated to and they know the compound intimately. But in a lot of ways, we have to shape the molecule so that the company doesn't just have a compound that can be registered for approval, but it has a compound that can be marketed successfully.

COBB. It would be ideal if the branding process, prior to the start of Phase III. By starting early, consideration can be given to the brand and the type of data needed, as the clinical protocols are developed. This early approach to product positioning and branding is rarely done, although some of the companies encourage more open communications between clinical and marketing at earlier stages. Again, a primary reason to begin the process earlier is to ensure that the labeling supports creating a strong brand in the marketplace. If the labeling is too restrictive this can be a barrier to marketing.

DELOR. By the time it comes to promote a product, clinical studies have been completed. When the marketing manager says these are the types of things I want to be able to say, it's too late. They can't state what they want because the clinical studies weren't designed to support the claim. I would be thrilled if the marketing folks sat around the table with the clinical folks. And the marketing folks had input as to what they wanted to say about the product. Then the clinical studies could be developed accordingly. But by the time it comes to promote a brand, the marketing people are limited as to what they can say. The limitations can be quite qualifying if folks don't take the time to determine what it is they want to be able to say early on.

MILLER. The brand promise is not disconnected from the factual statements that can be made. The rational points that can support the brand promise should be developed early on. Marketing should have a critical role between Phase II trials and Phase III trials. If a company knows what it wants the brand to be able to promise customers, this claim has to be built into the clinical program in order for marketers to be able say it at the end.

The BRAND evolution

PROUNIS. The mistake that is made in true brand stewardship is the lack of consistency with the brand imagery over time and across all media. Companies that do a better job at maintaining brand stewardship believe that the equity already built for the brand should be maintained — after all, it's an investment, not just an annual budget allocation. The problem is balancing consistency and equity versus evolution and the need to change to stay dynamic in a marketplace. That balancing act is very difficult and when new people come in, that affects it. Everybody wants to put their mark on the brand, and that means change.

Ken DeLor

PARRY. Very often when we see a new ad campaign for an existing product, the branding has been changed, the ideas and strategies behind the message have been changed. This goes beyond taking the same idea of what the brand stands for and executing it differently to refresh the campaign, it becomes a change in branding strategy with each new campaign.

PROUNIS. As advertising agencies, we need to point out that the equity of a brand, whether it be the color, an image, etc., is so important that it can't be walked away from. Certainly we need to be able to move forward, but our job is to provide council as to how important it is to own a brand.

Taking BRAND ownership

ZINMAN. Typically, an organization's structure and culture become obstacles to developing and executing an effective brand strategy. With few exceptions, individuals are, by their very nature, dysfunctional. When you put them all together in a large organization, the sum of that dysfunction is much greater than its individual parts. This results in organizational processes that dilute a brand's potential.

COBB. Brands do not change based on who the stakeholder is. The key messages devel-

Within the pharmaceutical industry, what most people think of as branding is trade advertising. **BUT WE THINK OF BRANDING AS BUILDING AN ICON, BUILDING ON A SYMBOL OR IDENTITY THAT ULTIMATELY REPRESENTS THE LONG-TERM VALUE OF A BRAND,** or the long-term value of a therapeutic class, or the long-term value of a corporation. This is more than creating an ad.

David Chapman

A BRAND CAN'T BE BUILT UNLESS IT HAS CONSISTENCY; CONSISTENCY MEANS LIVING UP TO A PROMISE. In fact, where we often fall short in our industry is in the blueprint as we move forward in creative development. What is the brand's promise to the customer? We struggle to get those words correct.

oped to establish the brand may vary by audience, but there is only one brand, Again, the particular messaging for each customer should be developed based on what's important to them. It is very important that there is one brand and there is consistency in its creative expression across audiences. This would include all branding elements, such as key brand terminology, type faces, log, overall imagery. It is critical that those are consistent, globally, as well as for different customer groups. While it is important to have some flexibility based on the needs of a particular market, the flexibility comes in using terms that still convey the same message, that are still true to the brand, but that are appropriate in a particular market.

DELOR. Pharmaceutical companies need to build a manual that's detailed enough that the next generation of product managers or brand managers has a solid base. This has to come not from a product manager, but from somebody in the organization who isn't changing jobs every 12 months to 18 months. That responsibility usually falls to a senior VP, who is responsible for three or four brands within a unit.

PARRY. The role of the brand champion is being played by branding companies, advertising agencies, by the companies that are in charge of producing materials and giving strategic advice to pharmaceutical companies. There are few companies that have a brand champion.

ZINMAN. It all comes down to strong leadership to make the brand and the strategy behind it an overarching priority. That strategy must focus on creating value among target audiences while differentiating the brand in the marketplace. This leadership must originate from within the pharmaceutical client organization, but also involves trusting agency counsel.

CHAPMAN. There is not enough consistency in keeping the vision of a brand. And a lot of that has to do with the revolving-door strategy of product managers. The greatest reward for success in product management is being posted back into the field. This leads to a lot of random decision making by new product managers. They may not necessarily have liked the campaign when they were in the field, and want to change it, thus the brand equity that has been built around the feel of the product can be lost.

STERN. It is vital to have synergy between all our supplier partners. Part of brand building is that anytime a customer sees the brand, they need to recognize it. So, whether we're doing direct-to-consumer advertising or medical education, there have to be aspects of the brand that are immediately recognizable. One of the challenges of brand management is ensuring that there is proper communication between everybody who touches the brand. We have monthly meetings with our key agencies — Internet, public relations, professional, consumer, etc. Everyone sits down and talks about what they are doing, looks for ways to develop synergies, and develops ways to work off the other things that are being done. For us, it is vital that there is open communication. We hold our agencies accountable. On our side, we have someone at the senior brand-manager level who is in charge. Having an integrated agency approach is nice, however, we've chosen to go with different providers. By using the same agency for everything, sometimes creativity can become lost because the agency already is thinking about the brand in one specific way. By bringing in an outside view, they might look at the brand in a different way.

DELOR. Product managers who come in from the field are somewhat young, and have something to prove so they can move on to the next thing. They are incentivized to do that. That culture is counterproductive to a long-term holistic approach. The branding process has to be driven by someone who intuitively knows that all processes need to be tied together.

COBB. When there is change on the client side, it's a great opportunity for an advertising agency to take a leadership role. Also, an agency can excel when the pharmaceutical client is a true partner — open communication, sharing of information, and really working together.

PARRY. It's important to build consensus early on in the branding process. All the constituents should be brought together — the marketing team, the sales team, the clinical development team, the PR team — all the different share-

holders who are responsible for being good shepherds of the brand. When all these people are brought together, instead of being a fractious group of five or six different disciplines, they all become brand managers and understand how their role manifests itself in their different areas. This is the best way I've seen to build a unified consensus across a wide variety of disciplines. It's less important to get the absolute right idea, because there is no absolute right idea. It's more important to get an idea that everyone feels strongly about and can commit to. That, in turn, becomes the right idea for the brand.

WRAY. There should be certain tools and structures in place to support the branding process. For example, brand books (a core-branding document) can provide clear internal guidelines for both the client and the agency and they need to be adhered to very precisely. There also needs to be a shared sense of discipline between client and agency. Pharma companies need to ensure that there is an integrated process for the branding effort, whether they are dealing with an integrated agency or with a series of partner agencies.

ZINMAN. All organizational sources must embrace that same brand promise and communicate it consistently and actively through different media. The focus of this communication should be to demonstrate competitive advantages and create a distinctive perception about the brand's character and strengths.

BEST PRACTICES for branding success

KEEP IT SIMPLE

Branding doesn't need to be overly complicated to be effective. In fact, by keeping the branding process simple, your key stakeholders are more likely to understand and support it. A strong brand identity needs only two fundamental components — the "brand commitment," which is the promise that the brand makes to customers, and the "brand personality," which describes the tone and manner with which the promise is delivered.

CONSIDER ALL CUSTOMERS

As you build your brand, consider all of the different customers who will have a relationship with the brand. Although physicians, patients, and managed-care providers each may have unique needs, your brand should address those needs with a consistent commitment and personality that will resonate across all audiences.

BUILD CONSENSUS

Within your organization, many groups will help shape the brand: the product team, the salesforce, R&D, just to name a few. It's important that these groups reach agreement about what the brand should mean to customers at the outset. If you conduct a branding exercise or workshop, it should be designed to create consensus among these key stakeholders. Remember, if you don't have a unified vision of your brand internally, you will never achieve a unified vision in the mind of your customers.

LIVE THE BRAND IN EVERY ENCOUNTER

Advertising is not the only expression of the brand. Every time a customer encounters your brand — whether in interactions with sales reps, via a customer service hotline, or on the Web — it is an opportunity to reinforce the brand identity. If your brand stands for reliability, but your sales reps are habitually late in fulfilling physician requests, your brand identity is being eroded.

USE THE RIGHT TOOLS TO EVALUATE

Too often marketing managers evaluate brands the same way they evaluate advertising — by testing recall and recognition. However, a truly distinctive brand is more than memorable, it is also relevant and credible to the customer. Even if customers highly associate a color or an icon with your brand, they may not necessarily associate the brand's value in their minds with these hallmarks. In other words, the branding may be memorably wrong. To accurately measure the effectiveness of your branding, use research specifically designed to address the customer's understanding of your brand's identity and its association with promotional expressions.

Source: Vince Parry, president of Y, New York, a specialized consulting group providing fundamentally inspired branding solutions for products, product science, technologies, therapeutic franchises, and corporations.

Again, this comes down to a leadership commitment to align and prioritize communication throughout the organization.

STERN. To become better brand champions, we should look outside the pharmaceutical industry to some of the best practices that dry goods companies employ. People use Tide because it's Tide. It's much harder to create a brand when there isn't a lot of differentiation. I think there is a great deal that pharmaceutical companies can learn from other industries by observing how they established brands. Pharmaceuticals are much more complex than a laundry detergent, however, from a branding standpoint there are lessons that we in pharmaceuticals can learn from those consumer product groups, where it's even harder to establish differences, and branding is so much more critical.

Conducting BRAND analysis

WRAY. Over the life of a product, branding can be improved by a more frequent analysis of branding within the context of the strategic planning cycle. An analysis or a diagnostic process should be performed on the brad itself and its branding elements or architecture. This could improve the entire branding process. It's truly the ongoing relevance of the brand that gives it strength. Pharmaceutical companies need to evaluate where a brand's equity resides, the relevance of that equity to the market in which it competes, and how they can strategically continue to enhance that equity. Again, I believe this should be part of an annual process, at the very least.

CHAPMAN. Pharma clients don't effectively share the benchmarking studies that let us understand where the brand is in people's heads, minds, and hearts. We study something at the moment. How does this piece work for you doctor? Is this communicating the benefits and differences between the competitive products? We never study how doctors feel about a brand today. And in six months, here's how they feel about it. And in 12 months, here's how they feel about it. Those types of consumer brand equity studies are rare.

PROUNIS. Brand audits are important as a way of proving the importance of a brand. This is a good way to get a sense of how customers identify with the brand. When they think of your brand, what comes to mind? What color, what typography, what look, what feel, what image? Those are the things that are important to retain.

ASHE. Pharmaceutical clients are so desperate to reach physicians with something valuable. They realize this is the last way they can differentiate themselves. They truly have to prove the merit of their product. We are finding that companies can systemize and channel that voice of the patient, which is credible and relevant, to the doctor. The good, the bad, and the ugly, goes back to the doctor. Product managers know what the indication is for, they know what they are going out to the marketplace with, and we can help that message get through to the doctor through the patient's experience.

Matthew Zinman

TYPICALLY, AN ORGANIZATION'S STRUCTURE AND CULTURE BECOME OBSTACLES TO DEVELOPING AND EXECUTING AN EFFECTIVE BRAND STRATEGY. This results in organizational processes that dilute a brand's potential.

PARRY. We need to start to include patient responses into the branding process. When we get involved with products — three to four years before launch — is when we should start to build those measurements into the trials. More often than not, that's a reflection of the separation between R&D and marketing in our industry. There's this idea that it's about pure science versus pure marketing, but of course they are intermixed, there's no purity in either. It's a good idea to build in patient satisfaction, especially for those drugs that rely on the patient's subjective response to the medication. The only way to know if some of these drugs are doing their job is by building in patient satisfaction markers. This is true for antihistamines and pain relievers, where a blood test or other clinical marker can't be used to measure specific results.

STERN. Typically, we'll bring in an outside consultant to help with branding from a name standpoint. We do a fair amount of market research. We look at the benefits, the advantages of the brand, then try to tie those into the brand name. We also go to physicians and get feedback on the proposed brand names and what these names evoke in their mind. We haven't done any research with consumers

THE BIGGEST CHALLENGE IS COMMUNICATION. What is said and what is heard are two different things. Messages have to be delivered and re-delivered at a consistent level so that people get an opportunity to understand the brand.

David Cunningham

David Stern

One of our ad agencies said something striking, and I think it's a great correlation — **A PRODUCT LIVES ON A SHELF, A BRAND LIVES IN THE MIND.**

when it comes to a brand name. In some ways, it's a little like the chicken and the egg scenario — if we are successful at branding then we'll generate loyalty. We could have the best name in the world, but if we haven't established a brand, people aren't going to have any loyalty to the product.

ASHE. Patients care about what the brand is, because they view direct-to-consumer advertising as a source of information. We work to build the relationship between the physician and the patient around that brand. For example, we may be working on an adherence and patient education program that a physician can offer a patient. We capture data on why the patient may or may not be compliant with their medication, and feed this information back to the doctor. This allows the physician to offer patient education materials that are appropriate for that patient. We then ask patients: "Did you feel that your physician provided you a greater quality of care?" We have response rates of greater than 85% of patients telling us, "Yes I do feel my physician provided me a greater quality of care." In one recent program, 89% of patients said, "I think others would find satisfaction from this type of program with their doctor." About 73% of patients tell us that they participate in patient experience programs because of their relationship with their doctor. They want to give feedback to their doctors, but can't because either they are too rushed or the conversation is not structured for them to do it constructively. All of this is happening around the experience the patient is having with a particular brand. We are helping the brand demonstrate its promise to that physician and to that patient, where and when the conversation is taking place. When we send physicians reports on how their patients are doing on a medication, we find that 84% of physicians will chart the responses; 40% will pull the data out and discuss the information with patients when they meet with them again. This relationship is being facilitated by the pharmaceutical sponsor. And we are very careful to help them appropriately sponsor this relationship, and this interaction is happening around the patient's experience with the brand.

The global BRAND arena

MILLER. People have so many different concepts and definitions of what branding is. Add that to a global level. Trying to get all of the markets around the world to buy into the same definition of a global brand is a little like the telephone game. It's hard to get everybody on the same page and keep them on the same page. The first thing that has to be decided is what the brand is.

CHAPMAN. In the pharmaceutical industry, we're not doing true global branding such as what is done with major consumer products. There are few pharmaceutical clients that are truly structured to create a single global brand mark. Even if a pharmaceutical product has one name worldwide, there are few companies that are structured to promote it in the same manner worldwide. Yes, there are many different marketplace issues, but even the simplest branding synergies — type face, logo, colors, feeling, texture, brand character — can be totally different from country to country.

MILLER. For global brand teams the challenge is when they have to go to 30 or 40 different markets and try to keep everybody on the same page. It's like herding cats. If the commitment doesn't come from the very top of a pharmaceutical corporation, there is nothing that the global brand team can say or do that's going to make globalization happen. The commitment has to come from the top, and this is improving. Five years ago pharmaceutical companies were giving out global brand kits as guidance to the various markets. Today, a number of companies are saying this isn't guidance, this is our brand. It's not a take it or leave it kind of thing, some companies are enforcing adoption. The result is that we will start to see many more true global brands. ✦

PharmaVoice welcomes comments about this article. E-mail us at feedback@pharmalinx.com.