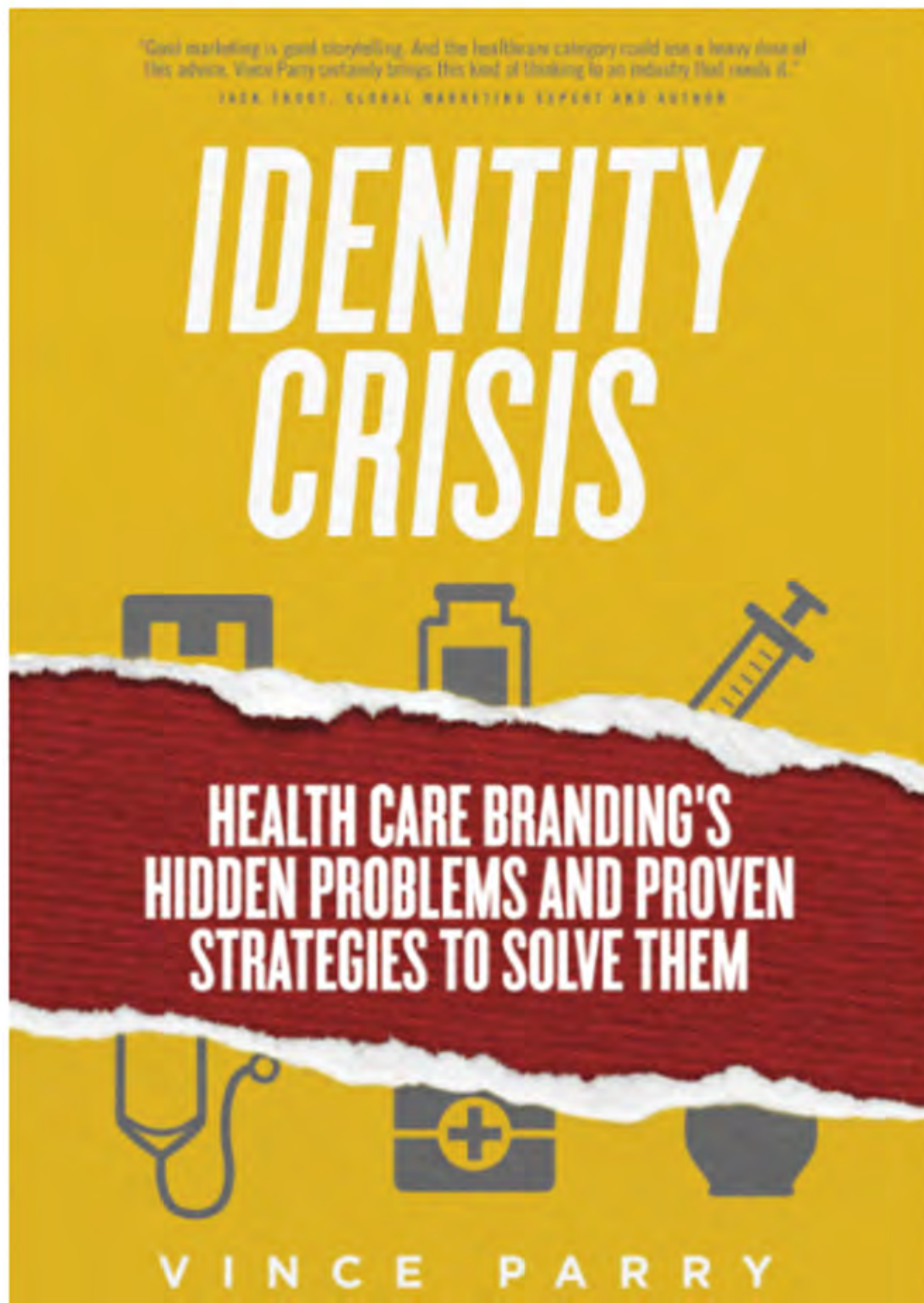


# Healthcare Marketers Are Suffering from an Identity Crisis—Vince Parry Aims to Solve It

Panorama by Andrew Matthius on April 26th, 2017



Vince Parry, a 30-year veteran of the health and wellness communications industry and the President of the Parry Branding Group, doesn't think all healthcare marketers know what branding actually means. In his new book, *Identity Crisis: Healthcare Branding's Hidden Problems and Proven Strategies to Solve Them*, he explains that too many healthcare marketers incorporate consumer branding practices in healthcare without realizing the issues this causes.

In his career, Parry launched some of the marketing's most iconic healthcare brands, such as Lipitor, Botox, and Prozac, so he is speaking from experience. He also took the time to speak to *PM360* about his new book, explain what marketers are doing wrong in terms of branding, what healthcare marketers should actually take from consumer marketing, and why the *Lipitor* launch campaign holds a special place in his heart.



**PM360:** In your book you mention that you don't like how the term branding is used, or at least what healthcare marketers refer to as branding. So, can you start by defining what you consider to be branding?

**Vince Parry:** Branding is the art and discipline of taking a value that customers esteem and then transposing that value onto a product, company, or service so that customers see a flattering reflection of themselves in a brand.

## **And what do you think healthcare marketers are doing wrong that they're not really branding as you define it?**

A few things, but one of the main theses of my book is that they're using consumer branding protocols to brand healthcare products and services. And consumer branding is all about the celebration of life, such as "Look, I got a new Dior bag" or "I got a new BMW." Whereas no one buys healthcare brands to celebrate one's life.

You don't say, "Hey, look at the new laxative I have," or, "Isn't it great that I've found this wonderful erectile dysfunction drug?" It's more about a protection of identity than a celebration of identity. You can see those errors in any of the TV commercials that you tune into where people are enthusiastic and jumping up and down about their healthcare brand. That's not the way that patients or doctors really feel about the brand. They feel it is restorative rather than additive.

Another way they are doing it wrong: They don't put branding first. A lot of agencies are built to do advertising. And advertising is very different than branding. Ads usually are done in ways that showcase different aspects of the product that don't necessarily build the brand identity. Sometimes the brand identity is very straightforward, honest, and sincere. And the ad will be whimsical, provocative, or some other element of a brand personality.

So quite often you find ads—especially award-winning ads—that do a lot to advance the cause of the communication, meaning building awareness. But they don't build awareness necessarily for what the brand stands for. They build awareness for what the ad stands for.

## **I know that this goes against what your book is talking about, but I am curious to know if there is anything that healthcare marketers can take away from consumer marketers?**

That's a great question and it's a very important distinction. I'm not saying that everything about consumer branding is not applicable to healthcare branding. I'm saying using consumer protocols as templates for how to strategize about a brand does not work. But the most relevant aspect of consumer branding that applies to healthcare branding is in the execution—the way that design is done.

The design criteria used for consumer brands such as Nike or American Express, or any of the top consumer brands, are just best-practice examples for how design should be done. A lot of times healthcare brands are not designed by designers. They're designed by art directors, which is a very different discipline. And I think every art director would agree to that. An identity is not art directed. An identity is designed.

Another area that you could learn from consumer marketers is the use of the tagline. Consumer brands make tremendous use of taglines: "Don't leave home without it," or "You can do it. We can help," or "Drivers wanted," etc.

And yet, I'll ask colleagues to name two healthcare brands that use a tagline and they can't even think of one. For some reason, healthcare brands don't, but I consider it to be as integral a part of a brand identity as a logo or a color palette.

**Can you discuss the importance of healthcare logos? That chapter caught my eye, and it isn't something I hear a lot of marketers talk about.**

The importance of the healthcare logo is to avoid over-design. With some consumer logos, when you look at them—it's like a circus almost. So much is going on—lots of different colors and the letter shapes are very original and blaring, and the iconography is very daring and provocative. Whereas when you look at a healthcare logo you want to see a reflection of what you want out of that drug. You want to see reassurance. You want to see responsibility. You want to see discretion.

Most people don't even want anyone to know that they're taking a drug. That's why, in general, healthcare logos are a bit under-designed on purpose because they want to be a quiet advocate for you, rather than shouting off of a shelf at you. After all, they don't get bought off a shelf, but from behind a counter and repackaged in brown bottles for you.

**In your book, you also mention a couple interesting things in regards to doctors and branding. One is that most people assume doctors only want the clinical information—the facts. But you say they're still very much influenced by marketing and branding. How important is branding in terms of reaching physicians?**

Obviously physicians aren't the end users, but drugs, devices, and services are the means with which they provide care. So you want to try to create a brand identity that a physician sees as a flattering self-reflection. It should address both the functional and devotional aspects of how they conduct their job. Doctors are pressured every day. They have a lot of uncertainty. They have a lot of emotional aspects going into their decisions.

They are thinking about, "What if I get the decision wrong? What if there's something there and I don't find it?" They are also in a practice to help people and consider things like, "Will they like me for it? Will they keep coming back to me for it?"

A lot of emotions go into making decisions to use brands. And as a result, they'll often use a very trusted choice because they don't want to jeopardize their reputations.

Doctors also realize they are not only being judged by their patients, but also by their colleagues. They are very conscious of how their peers observe them. So while the factual aspects of brands—the efficacy, safety, dosing—mean a great deal to them, it's not the only thing that means something to them. How it makes them look to other people. How it reinforces their standard of care. How it reassures both them and their patients that they're on the right path to a successful outcome. Those are the emotional components that you can build into brands that really work extremely well with doctors based on experience.

**I don't want to give everything in your book away, but what would you consider to be the most important strategy in the book that you think veteran healthcare marketers should take to heart?**

The strategy around how you research. This is one of the biggest contributors to an identity crisis because that's where everyone starts with brands. They start by investigating things. Why aren't people engaging with these brands? Or what do we have to do to get people to engage with this brand? And they tend to use traditional market research, which really is built around understanding advertising and sales goals. For instance, if you want to do an ad, you're going to measure how well people recall a piece of information.

Or they do research about the products themselves. They'll ask similar questions and that's called the "who, what, where," questions. Who do you use it in? And when do you use it? And what do you use it instead of it? And how often do you use it? But again, it gets at ideas about awareness and recognition in terms of associating it with different kinds of situations.

However, it misses the big important question of *why* they use it. And why they use—it is usually the idea about why a brand is relevant to them. A lot of times market research doesn't get at that question. When healthcare branding does it right, the questions should all be about the individual. Why did you become a doctor? Why did you become this particular specialty? What's the thing you do most often during your day that you enjoy the most? What's the thing you fear the most when you go to work?

And then fit the brand into that discussion in terms of alleviating those fears or building upon the enjoyment that they have or capitalizing on the reason that doctors went into a certain business in the first place. People try to take the brand in research and shoehorn it into a customer's life rather than do research that examines that life first and then try to introduce the brand into that context.

**To give people a better idea of the principles that you write about in this book, give me an example of what you consider to be a good recent campaign.**

When I think of good branding, I think of truly putting the customer first and recognizing that the customer is living in a world where they only think about your brand for a fraction of a second on any given day. In my opinion, Merck does a tremendous job of connecting with customers because they spend a lot of time working on these principles that we've talked about. *Gardasil* is one example. They came out about seven years ago with a campaign called "Tell Someone." *Gardasil* is a vaccine for HPV, a sexually transmitted disease (STD)

Instead of trying to tell that story, all they do is create the idea that people are having conversations with their children and with each other as parents about preventing STDs. And here they give them a topic. Tell someone. So the point of the campaign is just to add something to a conversation parents are already having. The campaign just asks someone to say, "Are you aware that HPV is linked with cervical cancer?" That's the whole message. So again, instead of shoehorning a brand into people's lives, they basically talked about people's lives and what was going on. And then they introduced the brand as something that helps start conversations.

## Finally, I wanted to see if you had a favorite brand that you work on over the years?

I particularly liked working on the *Lipitor* brand. I know it's off patent now, but at the time it was sort of the Coke and Pepsi war between *Lipitor* and *Zocor* in terms of how we could introduce another blockbuster that would beat the market leader, *Zocor*. I remember the pressure that everybody was under to deliver results on this because when *Lipitor* first came out, people didn't really see a reason to use it.

They saw it as a cannon, whereas *Zocor* was a sharpshooter's rifle. *Zocor* got it right. It got cholesterol down to a reasonably low level. At the time, the studies had not come out yet showing that you need to go to even lower levels. So *Lipitor* was thought of as overkill.

In doing our research, and talking to customers about their lifestyle as well as both patients and doctors, we discovered a really great insight—everybody lies. Doctors say that patients lie to them about their lifestyle, their exercise habits, their diets, etc.

And even when we interviewed the patients they said the same thing, "I really don't tell my doctor the truth." So when we began strategizing about *Lipitor*, we said it's not a better drug. You're not competing against *Zocor*. You're competing against the sweetness of life. You're competing against a cheeseburger. You're competing against a Barcalounger. So we developed a strategy for *Lipitor* as "cheating insurance."

Because you know that your patients are going to lie to you about exactly what kind of diet or exercise they're doing, you need the extra power of *Lipitor* to provide the extra added insurance when they cheat. The first campaign was a big test tube that was filled with blood. It was made to look like an exclamation point with a dot at the bottom of the test tube. And the headline said: "Because cheating is in their blood. *Lipitor* the statin with the best stats."

It was a very innovative strategy because it didn't focus on the functional ideas of bringing cholesterol down. It reached far beyond that to acknowledge the fact that patients don't talk to their doctors honestly. And both audiences admitted that. That's how we got to the idea of cheating insurance for *Lipitor*.